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## 1994 Tier Two Emergency and Hazardous Chemical Inventory

Emergency Planning and  
Community Right-To-Know Act  
Section 312

Date Published  
March 1995



United States  
Department of Energy

P.O. Box 550  
Richland, Washington 99352



Approved for Public Release

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5285 Port Royal Road  
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Printed in the United States of America

DISCLM-5.CHP (8-91)

1994 Tier Two Emergency and  
Hazardous Chemical Inventory

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1994 Tier Two Emergency and  
Hazardous Chemical Inventory

**Section I:**

**Delegation of Signature Authority**

United States Government

Department of Energy

## memorandum

Richland Field Office

DATE: JAN 04 1993  
REPLY TO:  
ATTN OF: EAP:EBD 93-RPA-071

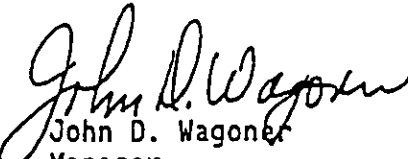
SUBJECT: DELEGATION OF SIGNATURE AUTHORITY FOR THE EMERGENCY AND  
HAZARDOUS CHEMICAL INVENTORY REPORT (SARA 312)

TO: James D. Bauer, Acting Program Manager  
Office of Environmental Assurance,  
Permits, and Policy

I hereby delegate signature authority for the Emergency and Hazardous Chemical Inventory Report (SARA 312) to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Pursuant to 40 CFR Section 370.41, Tier II Emergency and Hazardous Chemical Inventory Form, part (b), signature authority may be delegated to the manager's officially designated representative. This memorandum constitutes formal delegation of such authority to the Program Manager, Office of Environmental Assurance, Permits, and Policy.

Sincerely,

  
John D. Wagoner  
Manager

RECEIVED

JAN 07 1993

DOE-RL/CCC  
193-EAP-011

210 00 2

1994 Tier Two Emergency and  
Hazardous Chemical Inventory

**Section II:**

**Tier Two Instructions**

**TIER TWO INSTRUCTIONS***General Information*

Submission of this Tier Two form (when requested) is required by Title III of the Superfund Amendments and Reauthorization Act of 1986, Section 312, Public Law 99-499, codified at 42 U.S.C. Section 11022. The purpose of this Tier Two form is to provide State and local officials and the public with specific information on hazardous chemicals present at your facility during the past year.

*Certification*

The owner or operator or the officially designated representative of the owner or operator must certify that all information included in the Tier Two submission is true, accurate, and complete. On the first page of the Tier Two report, enter your full name and official title. Sign your name and enter the current date. Also, enter the total number of pages included in the Confidential and Non-Confidential Information Sheets as well as all attachments. An original signature is required on at least the first page of the submission. Submissions to the SERC, LEPC, and fire department must each contain an original signature on at least the first page. Subsequent pages must contain either an original signature, a photocopy of the original signature, or a signature stamp. Each page must contain the date on which the original signature was affixed to the first page of the submission and the total number of pages in the submission.

*You Must Provide All Information Requested on This Form to Fulfill Tier Two Reporting Requirements*

This form may also be used as a worksheet for completing the Tier One form or may be submitted in place of the Tier One form.

*Who Must Submit This Form*

Section 312 of Title III requires that the owner or operator of a facility submit this Tier Two form if so requested by a State emergency response commission, a local emergency planning committee, or a fire department with jurisdiction over the facility.

This request may apply to the owner or operator of any facility that is required, under regulations implementing the Occupational Safety and Health Act of 1970, to prepare or have available a Material Safety Data Sheet (MSDS) for a hazardous chemical present at the facility. MSDS requirements are specified in the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard, found in Title 29 of the Code of Federal Regulations at §1910.1200.

This form does not have to be submitted if all of the chemicals located at your facility are excluded under Section 311(e) of Title III.

*What Chemicals are Included*

If you are submitting Tier Two forms in lieu of Tier One, you must report the required information on this Tier Two form for each hazardous chemical present at your facility in quantities equal to or greater than established threshold amounts (discussed below), unless the chemicals are excluded under Section 311(e) of Title III. Hazardous chemicals are any substance for which your facility must maintain an MSDS under OSHA's Hazard Communication Standard.

If you elect to submit Tier One rather than Tier Two, you may still be required to submit Tier Two information upon request.

*What Chemicals are Excluded*

Section 311(e) of Title III excludes the following substances:

- (i) Any food, food additive, color additive, drug, or cosmetic regulated by the Food and Drug Administration;
- (ii) Any substance present as a solid in any manufactured item to the extent exposure to the substance does not occur under normal conditions of use;
- (iii) Any substance to the extent it is used for personal, family, or household purposes, or is present in the same form and concentration as a product packaged for distribution and use by the general public;

(iv) Any substance to the extent it is used in a research laboratory or a hospital or other medical facility under the direct supervision of a technically qualified individual;

(v) Any substance to the extent it is used in routine agricultural operations or is a fertilizer held for sale by a retailer to the ultimate customer.

OSHA regulations, §1910.1200(b), stipulate exemptions from the requirement to prepare or have available an MSDS.

#### Reporting Thresholds

Minimum thresholds have been established for Tier One/Tier Two reporting under Title III, Section 312. These thresholds are as follows:

For Extremely Hazardous Substances (EHSs) designated under section 302 of Title III, the reporting threshold is 500 pounds (or 227 kg.) or the threshold planning quantity (TPQ), whichever is lower;

For all other hazardous chemicals for which facilities are required to have or prepare an MSDS, the minimum reporting threshold is 10,000 pounds (or 4,540 kg.).

You need to report hazardous chemicals that were present at your facility at any time during the previous calendar year at levels that equal or exceed these thresholds. For instructions on threshold determinations for components of mixtures, see "What About Mixtures?" on page 2 of these instructions.

A requesting official may limit the responses required under Tier Two by specifying particular chemicals or groups of chemicals. Such requests apply to hazardous chemicals regardless of established thresholds.

#### INSTRUCTIONS

*Please read these instructions carefully. Print or Type all Responses*

#### When to Submit This Form

Owners or operators of facilities that have hazardous chemicals on hand in quantities equal to or greater than set threshold levels must submit either Tier One or Tier Two forms by March 1.

If you choose to submit Tier One, rather than Tier Two, be aware that you may have to submit Tier Two information later, upon request of an authorized official. You must submit the Tier Two form within 30 days of receipt of a written request.

#### Where to Submit This Form

Send either a completed Tier One form or Tier Two form(s) to each of the following organizations:

1. Your State Emergency Response Commission.
2. Your Local Emergency Planning Committee.
3. The fire department with jurisdiction over your facility.

If a Tier Two form is submitted in response to a request, send the completed form to the requesting agency.

#### Penalties

Any owner or operator who violates any Tier Two reporting requirements shall be liable to the United States for a civil penalty of up to \$25,000 for each such violation. Each day a violation continues shall constitute a separate violation.

If your Tier Two responses require more than one page use additional forms and fill in the page number at the top of the form.

#### Reporting Period

Enter the appropriate calendar year, beginning January 1 and ending December 31.

#### Facility Identification

Enter the full name of your facility (and company identifier where appropriate).

Enter the full street address or state road. If a street address is not available, enter other appropriate identifiers that describe the physical location of your facility (e.g., longitude and latitude). Include city, county, state, and zip code.



Enter the primary Standard Industrial Classification (SIC) code and the Dun & Bradstreet number for your facility. The financial officer of your facility should be able to provide the Dun & Bradstreet number. If your firm does not have this information, contact the State or regional office of Dun & Bradstreet to obtain your facility number or have one assigned.

#### Owner/Operator

Enter the owner's or operator's full name, mailing address, and phone number.

#### Emergency Contact

Enter the name, title, and work phone number at least one local person or office who can act as a referral if emergency responders need assistance in responding to a chemical accident at the facility.

Provide an emergency phone number where such emergency information will be available 24 hours a day, every day. The requirement is mandatory. The facility must make some arrangement to ensure a 24 hour contact is available.

#### Identical Information

Check the box indicating identical information, located below the emergency contacts on the Tier Two form, if the current chemical information being reported is identical to that submitted last year. Chemical descriptions, hazards, amounts, and locations must be provided in this year's form, even if the information is identical to that submitted last year.

#### Chemical Information: Description, Hazards, Amounts, and Locations

The main section of the Tier Two form requires specific information on amounts and locations of hazardous chemicals, as defined in the OSHA Hazard Communication Standard.

If you choose to indicate that all of the information on a specific hazardous chemical is identical to that submitted last year, check the appropriate optional box provided at the right side of the storage codes and locations on the Tier Two form. Chemical descriptions, hazards, amounts, and locations must be provided even if the information is identical to that submitted last year.

- What units should I use?

Calculated all amounts as *weight in pounds*. To convert gas or liquid volume to weight in pounds, multiply by an appropriate density factor.

- What about mixtures?

If a chemical is part of a mixture, *you have the option* of reporting either the weight of the entire mixture or only the portion of the mixture that is a particular hazardous chemical (e.g., if a hazardous solution weighs 100 lbs. but is composed of only 5% of a particular hazardous chemical, you can indicate either 100 lbs. of the mixture or 5 lbs. of the chemical).

The option used for each mixture must be consistent with the option used in your Section 311 reporting.

Because EHSs are important to Section 303 planning, EHSs have lower thresholds. The amount of an EHS at a facility (both pure EHS substances and EHSs in mixtures) must be aggregated and purposes of threshold determination. It is suggested that the aggregation calculation be done as a first step in making the threshold determination. Once you determine whether a threshold for an EHS has been reached, you should report either the total weight of the EHS at your facility, or the weight of each mixture containing the EHS.

#### Chemical Description

1. Enter the Chemical Abstract Service registry number (CAS). For mixtures, enter the CAS number of the mixture as a whole if it has been assigned a number distinct from its constituents. For a mixture that has no CAS number, leave this item blank or report the CAS numbers of as many constituent chemicals as possible.

If you are withholding the name of a chemical in accordance with criteria specified in Title III, Section 322, enter the generic class or category that is structurally descriptive of the chemical (e.g., list toluene diisocyanate as organic isocyanate) and check the box marked Trade Secret. Trade secret information should be submitted to EPA and must include a substantiation. Please refer to EPA's final regulation on

trade secrecy (53 FR 28772, July 29, 1988) for detailed information on how to submit trade secrecy claims.

2. Enter the chemical name or common name of each hazardous chemical.

3. Check box for ALL applicable descriptors: pure or mixture; and solid, liquid, or gas; and whether the chemical is or contains an EHS.

4. If the chemical is a mixture containing an EHS, enter the chemical name of each EHS in the mixture.

Example: You have pure chlorine as on hand, as well as two mixtures that contain liquid chlorine. You write "chlorine" and enter the CAS number. Then you check "pure" and "mix"—as well as "liquid" and "gas".

#### Physical and Health Hazards

For each chemical you have listed, check all the physical and health hazard boxes that apply. These hazard categories are defined in 40 CFR 370.2. The two health hazard categories and three physical hazard categories are a consolidation of the 23 hazard categories defined in the OSHA Hazard Communication Standard, 29 CFR 1910.1200.

#### HAZARD CATEGORY COMPENSATION FOR REPORTING UNDER SECTIONS 311 AND 312

EPA's hazard categories	OSHA's hazard categories
Fire Hazard.....	Flammable Combustion Liquid Pyrophoric Oxidizer
Sudden Release of Pressure.....	Explosive
Reactive.....	Compressed Gas Unstable Reactive Organic Peroxide Water Reactive
Immediate (Acute) Health Hazards	Highly Toxic Toxic Irritant Sensitizer Corrosive Other hazardous chemicals with an adverse effect with short term exposure.
Delayed (Chronic) Health Hazard	Carcinogens Other hazardous chemicals with an adverse effect with long term exposure.

#### Maximum Amount

1. For each hazardous chemical, estimate the greatest amount present at your facility on any single day during the reporting period.

2. Find the appropriate range value code in Table I.

3. Enter this range value as the Maximum Amount.

TABLE I—REPORTING RANGES

Range Value	Weight range in pounds	
	From	To
01.....	0	99
02.....	100	999
03.....	1,000	9,999
04.....	10,000	99,999
05.....	100,000	999,999
06.....	1,000,000	9,999,999
07.....	10,000,000	49,999,999
08.....	50,000,000	99,999,999
09.....	100,000,000	499,999,999

TABLE I—REPORTING RANGES—CONTINUED

Range Value	Weight range in pounds	
	From	To
10.....	500,000,000	999,999,999
11.....	1 billion	higher than 1 billion

If you are using this form as a worksheet for completing Tier One, enter the actual weight in pounds in the shaded space below the response blocks. Do this for both Maximum Amount and Average Daily Amount.

Example: You received one large shipment of a solvent mixture last year. The shipment filled five 5,000-gallon storage tanks. You know that the solvent contains 10% benzene, which is a hazardous chemical.

You figure that 10% of 25,000 gallons is 2,500 gallons. You also know that the density of benzene is 7.29 pounds per gallon, so you multiply 2,500 gallons by 7.29 pounds per gallon to get a weight of 18,225 pounds.

Then you look at Table I and find that the range value 04 corresponds to 18,225. You enter 04 as the Maximum Amount.

(If you are using the form as a worksheet for completing a Tier One form, you should write 18,255 in the shaded area.)

#### Average Daily Amount

1. For each hazardous chemical, estimate the average weight in pounds that was present at your facility during the year.

To do this, total all daily weights and divide by the number of days the chemical was present on the site.

2. Find the appropriate range value in Table I.

3. Enter this range value as the Average Daily Amount.

Example: The 25,000-gallon shipment of solvent you received last year was gradually used up and completely gone in 315 days. The sum of the daily volume levels in the tank is 4,536,000 gallons. By dividing 4,536,000 gallons by 315 days on-site, you calculate an average daily amount of 14,400 gallons.

You already know that the solvent contains 10% benzene, which is a hazardous chemical. Since 10% of 14,400 is 1,440, you figure that you had an average of 1,440 gallons of benzene. You also know that the density of benzene is 7.29 pounds per gallon, so you multiply 1,440 by 7.29 to get a weight of 10,500 pounds.

Then you look at Table I and find that the range value 04 corresponds to 10,500. You enter 04 as the Average Daily Amount.

(If you are using the form as a worksheet for completing a Tier One form, you should write 10,500 in the shaded area.)

#### Number of Days On-Site

Enter the number of days that the hazardous chemical was found on-site.

Example: The solvent composed of 10% benzene was present for 315 days at your facility. Enter 315 in the space provided.

#### Storage Codes and Storage Locations

List all non-confidential chemical locations in this column, along with storage types/conditions associated with each location. Please note that a particular chemical may be located in several places around the facility. Each row of boxes followed by a line represents a unique location for the same chemical.

**Storage Codes:** Indicate the types and conditions of storage present.

a. Look at Table II.

For each location, find the appropriate storage type and enter the corresponding code in the first box.

b. Look at Table III.

b. A list of site coordinate abbreviations that correspond to buildings, lots, areas, etc. throughout your facility.

c. A description of dikes and other safeguard measures for storage locations throughout your facility.

Example: You have benzene in the main room of the main building, and in tank 2 in tank field 10. You attach a site plan with coordinates as follows: main building = G-2, tank field 10 = B-6. Fill in the Storage Location as follows:

---

B-6 [Tank 2]G-2 [Main room]

---

Confidential Information

Under Title III.

Section 324, you may elect to withhold location information on a specific chemical from disclosure to the public. If you choose to do so:

- Enter the word "confidential" in the Non-Confidential Location section of the Tier Two form on the first line of the storage locations.

- On a separate Tier Two Confidential Location Information Sheet, enter the name and CAS number of each chemical for which you are keeping the location confidential.

- Enter the appropriate location and storage information, as described above for non-confidential locations.

- Attach the Tier Two Confidential Location Information Sheet to the Tier Two form. This separates confidential locations from other information that will be disclosed to the public.

Certification

Instructions for this section are included on page one of these instructions.

For each location, find the appropriate storage types for pressure and temperature conditions. Enter the applicable pressure code in the second box. Enter the applicable temperature code in the third box.

TABLE II—STORAGE TYPES

Codes	Types of storage
A	Above ground tank
B	Below ground tank
C	Tank inside building
D	Steel drum
E	Plastic or non-metallic drum
F	Can
G	Carboy
H	Silo
I	Fiber drum
J	Bag
K	Box
L	Cylinder
M	Glass bottles or jugs
N	Plastic bottles or jugs
O	Tote bin
P	Tank wagon
Q	Rail car
R	Other

TABLE III—TEMPERATURE AND PRESSURE CONDITIONS

Codes	Storage conditions
	(Pressure)
1.....	Ambient pressure
2.....	Greater than ambient pressure
3.....	Less than ambient pressure
	(Temperature)
4.....	Ambient temperature
5.....	Greater than ambient temperature
6.....	Less than ambient temperature but not cryogenic
7.....	Cryogenic conditions

Example: The benzene in the main building is kept in a tank inside the building, at ambient pressure and less than ambient temperature.

Table II shows you that the code for a tank inside a building is C. Table III shows you that the code for ambient pressure is 1, and the code for less than ambient temperature is 6.

You enter: C 1 6

**Storage Locations:** Provide a brief description of the precise location of the chemical, so that emergency responders can locate the area easily. You may find it advantageous to provide the optional site plan or site coordinates as explained below.

For each chemical, indicate at a minimum the building or lot. Additionally, where practical, the room or area may be indicated. You may respond in narrative form with appropriate site coordinates or abbreviations.

If the chemical is present in more than one building, lot, or area location, continue your responses down the page as needed. If the chemical exists everywhere at the plant site simultaneously, you may report that the chemical is ubiquitous at the site.

**Optional attachments:** If you choose to attach one of the following, check the appropriate Attachments box at the bottom of the Tier Two form.

- a. A *site plan* with site coordinates indicated for buildings, lots, areas, etc. throughout your facility.

1994 Tier Two Emergency and  
Hazardous Chemical Inventory

**Section III:**

**Chemical Index**

**1994 TIER TWO EMERGENCY AND  
HAZARDOUS CHEMICAL INVENTORY**

<b>CAS Number</b>	<b>Chemical Name</b>	<b>Page #</b>
107-21-1	1,2-ETHANEDIOL.....	23
57-55-6	1,2-PROPANEDIOL.....	1
74-86-2	ACETYLENE.....	2
7784-27-2	ALUMINUM NITRATE NONAHYDRATE.....	5
1344-28-1	ALUMINUM OXIDE.....	6
10043-01-3	ALUMINUM SULFATE DIHYDRATE.....	8
1113-38-8	AMMONIUM OXALATE.....	8
7783-20-2	AMMONIUM SULFATE.....	9
7440-37-1	ARGON.....	9
75-63-8	BROMOTRIFLUOROMETHANE.....	10
1333-86-4	CARBON BLACK.....	11
56-23-5	TETRACHLOROMETHANE.....	12
7782-50-5	CHLORINE.....	13
75-45-6	CHLORODIFLUOROMETHANE.....	13
N/A	COAL.....	18
75-71-8	DICHLORODIFLUOROMETHANE.....	18
68476-34-6	DIESEL FUEL NO. 2.....	27
N/A	DIESEL FUEL.....	19
111-46-6	DIETHYLENE GLYCOL.....	21
63148-62-9	DIEMETHYL SILOXANE.....	22
7758-11-4	DIPOTASSIUM PHOSPHATE.....	22
64742-65-0	DIST (PET), SOLVENT-DEWAXED HEAVY PARAFFINIC.....	23
7705-08-0	FERRIC CHLORIDE.....	25
14017-39-1	FERROUS SULFAMATE.....	26
68553-00-4	FUEL OIL, NO. 6.....	26
N/A	HEAT TRANSFER OIL.....	27
7664-39-3	HYDROGEN FLUORIDE.....	28
13465-08-2	HYDROXYLAMINE NITRATE.....	29
8008-20-6	KEROSENE.....	29
N/A	LUBRICATING OIL.....	30

8012-95-1	MINERAL OIL.....	30
N/A	MOTOR OIL.....	31
7697-37-2	NITRIC ACID.....	32
7727-37-9	NITROGEN.....	34
19044-88-3	3,5-DINITRO-N4-DIPROPYLSULFANILAMIDE.....	35
144-62-7	OXALIC ACID.....	35
7782-44-7	OXYGEN.....	36
7664-38-2	PHOSPHORIC ACID.....	36
1336-36-3	POLYCHLORINATED BIPHENYLS.....	38
65997-15-1	PORTLAND CEMENT.....	38
1310-58-3	POTASSIUM HYDROXIDE.....	39
74-98-6	PROPANE.....	40
7440-23-5	SODIUM.....	41
497-19-8	SODIUM CARBONATE.....	42
7647-14-5	SODIUM CHLORIDE.....	43
1310-73-2	SODIUM HYDROXIDE.....	44
7632-00-0	SODIUM NITRITE.....	45
7772-98-7	SODIUM THIOSULFATE.....	47
64741-96-4	SOLVENT-REFINED HEAVY NAPHTHENIC DISTILLATE (PET).....	47
64741-88-4	SOLVENT-REFINED HEAVY PARAFFINIC DISTILLATE (PET).....	48
7664-93-9	SULFURIC ACID.....	49
75-69-4	TRICHLOROFLUOROMETHANE.....	51
8006-61-9	UNLEADED GASOLINE.....	52



1994 Tier Two Emergency and  
Hazardous Chemical Inventory

**Section IV:**

**Tier Two Forms**

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For  
Official  
Use  
Only

ID #

Date Received

## Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
Y r e  
p o m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 57 55 6 Trade Secret ☐Chem. Name 1,2-PROPANEDIOLCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 107K 100K AREA  
D14 15027 200E AREA  
D14 2703E 200E AREA  
D14 271B 200E AREA  
D14 2721EA 200E AREA  
N14 2721EA 200E AREA

CAS 57 55 6 Trade Secret ☐Chem. Name 1,2-PROPANEDIOLCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 272AW 200E AREA  
D14 291B 200E AREA  
N14 234-5Z 200W AREA  
D14 234-5Z 200W AREA  
M14 234-5Z 200W AREA  
E14 234-5Z 200W AREA

CAS 57 55 6 Trade Secret ☐Chem. Name 1,2-PROPANEDIOLCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 2734ZG 200W AREA  
C24 308 300 AREA  
D14 331C 300 AREA  
C24 337 300 AREA  
C24 3765 300 AREA  
D14 607 600 AREA

Certification: (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95  
 Date signed

## Optional Attachments

- ☒ I have attached a site plan  
☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures

TIER TWO  
EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352  
SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For  
Official  
Use  
Only

ID # \_\_\_\_\_

Date Received \_\_\_\_\_

## Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411  
Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
t

CAS 74 86 2 Trade Secret ☐  
Chem. Name ACETYLENE  
Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24 1713H 100H AREA  
L24 107K 100K AREA  
L24 1706KE 100K AREA  
L24 190KE 100K AREA  
L24 105N 100N AREA  
L24 1512N 100N AREA

CAS 74 86 2 Trade Secret ☐  
Chem. Name ACETYLENE  
Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24 1705N 100N AREA  
L24 1168 1100 AREA  
L24 1171 1100 AREA  
L24 2247B 200E AREA  
L24 2249B 200E AREA  
L24 242AC 200E AREA

CAS 74 86 2 Trade Secret ☐  
Chem. Name ACETYLENE  
Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24 2711E 200E AREA  
L24 271AB 200E AREA  
L24 271B 200E AREA  
L24 2721EA 200E AREA  
L24 272AW 200E AREA  
L24 272E 200E AREA

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James E. Rasmussen, Acting Program Manager  
Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

Date signed 02/22/95

## Optional Attachments

- ☒ I have attached a site plan  
☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures

TIER TWO  
EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352  
SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For  
Official  
Use  
Only

ID #

Date Received

## Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411  
Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
t

CAS 74862 Trade Secret ☐  
Chem. Name ACETYLENE  
Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L 2 4	284E	200E AREA
L 2 4	M0844	200E AREA
L 2 4	M0845	200E AREA
L 2 4	203U	200W AREA
L 2 4	221T	200W AREA
L 2 4	222S	200W AREA

CAS 74862 Trade Secret ☐  
Chem. Name ACETYLENE  
Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L 2 4	2306W	200W AREA
L 2 4	234-5Z	200W AREA
L 2 4	272WA	200W AREA
L 2 4	275W	200W AREA
L 2 4	277W	200W AREA
L 2 4	284W	200W AREA

CAS 74862 Trade Secret ☐  
Chem. Name ACETYLENE  
Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L 2 4	W19	200W AREA
L 2 4	305	300 AREA
L 2 4	305A	300 AREA
L 2 4	306E	300 AREA
L 2 4	308	300 AREA
L 2 4	313	300 AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 74 86 2 Trade Secret ☐Chem. Name ACETYLENE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	324	300 AREA
L	2	4	325	300 AREA
L	2	4	328	300 AREA
L	2	4	331	300 AREA
L	2	4	331C	300 AREA
L	2	4	338	300 AREA

CAS 74 86 2 Trade Secret ☐Chem. Name ACETYLENE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	350	300 AREA
L	2	4	3707C	300 AREA
L	2	4	3722	300 AREA
L	2	4	1226	3000 AREA
L	2	4	1240	3000 AREA
L	2	4	1241	3000 AREA

CAS 74 86 2 Trade Secret ☐Chem. Name ACETYLENE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	1250	3000 AREA
L	2	4	432A	300 AREA
L	2	4	4704N	400 AREA
L	2	4	4713B	400 AREA
L	2	4	4734B	400 AREA
L	2	4	6290	600 AREA

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EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORY

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Specific  
Information  
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## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
Y r e  
p a m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 74862 Trade Secret ☐Chem. Name ACETYLENECheck all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24 M0005 600 AREA  
L24 N SPRINGS 600 AREA  
L24 747 700 AREA

CAS 7784272 Trade Secret ☐Chem. Name ALUMINUM NITRATENONAHYDRATECheck all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

F14 1169 1100 AREA  
G14 271B 200E AREA  
N14 271B 200E AREA  
D14 271B 200E AREA  
D14 291B 200E AREA  
M14 222S 200W AREA

CAS 7784272 Trade Secret ☐Chem. Name ALUMINUM NITRATENONAHYDRATECheck all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N14 222S 200W AREA  
M14 222SA 200W AREA  
N14 222SA 200W AREA  
G14 234-5Z 200W AREA  
C14 236Z 200W AREA  
A14 2735Z 200W AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

## Facility Identification

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 City Richland County Benton State WA Zip 99352  
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 Specific  
 Information  
 by Chemical

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Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94
☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 Y r e  
 p a m  
 e s p

 Storage Codes and Locations  
 (Non-Confidential)

## Storage Locations

O  
p  
t

CAS 7784 27 2 Trade Secret ☐  
 Chem. Name ALUMINUM NITRATE  
NONAHYDRATE  
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M14 306E 300 AREA  
M14 325 300 AREA  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAS 1344 28 1 Trade Secret ☐  
 Chem. Name ALUMINUM OXIDE  
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

J14 1713H 100H AREA  
I14 M0425 100N AREA  
J14 1164 1100 AREA  
D14 202A 200E AREA  
D14 2703E 200E AREA  
N14 2703E 200E AREA

CAS 1344 28 1 Trade Secret ☐  
 Chem. Name ALUMINUM OXIDE  
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

J14 2703E 200E AREA  
I14 2703E 200E AREA  
M14 2703E 200E AREA  
F14 2703E 200E AREA  
I14 271B 200E AREA  
F14 272B 200E AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

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 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
t
 CAS 1344 28 1 Trade Secret ☐
Chem. Name ALUMINUM OXIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	275EA	200E AREA
I	1	4	275EA	200E AREA
I	1	4	291B	200E AREA
N	1	4	221T	200W AREA
M	1	4	222S	200W AREA
N	1	4	222S	200W AREA

 CAS 1344 28 1 Trade Secret ☐
Chem. Name ALUMINUM OXIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M	1	4	222SA	200W AREA
N	1	4	271T	200W AREA
F	1	4	271T	200W AREA
M	1	4	306E	200W AREA
M	1	4	325	300 AREA
N	1	4	325	300 AREA

 CAS 1344 28 1 Trade Secret ☐
Chem. Name ALUMINUM OXIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4	3711	300 AREA
D	1	4	3717	300 AREA
J	1	4	3717	300 AREA
C	1	4	427	400 AREA
D	1	4	4732C	400 AREA
M	1	4	747	700

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

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 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e m  
 e s p

 Storage Codes and Locations  
 (Non-Confidential)
O  
P  
T

## Storage Locations

 CAS 10043013 Trade Secret ☐
Chem. Name ALUMINUM SULFATE DIHYDRATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

A	1	4	183D	100D AREA
C	1	4	183KE	100K AREA
J	1	4	183N	100N AREA
C	1	4	183N	100N AREA
J	1	4	283E	200E AREA
J	1	4	283W	200W AREA

 CAS 10043013 Trade Secret ☐
Chem. Name ALUMINUM SULFATE DIHYDRATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	306E	300 AREA
C	1	4	315	300 AREA
G	1	4	325	300 AREA
M	1	4	747	700 AREA

 CAS 1113388 Trade Secret ☐
Chem. Name ALUMINUM OXALATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4	241A401	200E AREA
D	1	4	275EA	200E AREA
D	1	4	221T	200W AREA
M	1	4	222S	200W AREA
M	1	4	222SA	200W AREA
N	1	4	234-5Z	200W AREA

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 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
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 Specific  
 Information  
 by Chemical

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 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

 For  
 Official  
 Use  
 Only

ID #

Date Received

## Owner/Operator Name

 Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 y r e  
 p s m  
 e s p
Storage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 7783 20 2 Trade Secret ☐Chem. Name AMMONIUM SULFATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name

☐ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M	1	4	1706KE	100K AREA
N	1	4	1706KE	100K AREA
N	1	4	2703E	100K AREA
J	1	4	275EA	200E AREA
M	1	4	222S	200W AREA
N	1	4	222S	200W AREA

CAS 7783 20 2 Trade Secret ☐Chem. Name AMMONIUM SULFATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name

☐ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	222SA	200W AREA
J	1	4	305	300 AREA
N	1	4	325	300 AREA
I	1	4	3746D	300 AREA

CAS 7440 37 1 Trade Secret ☐Chem. Name ARGON
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	UBIQUITOUS	
L	1	7	1168	1100 AREA
L	2	7	272E	200E AREA
L	2	7	222S	200W AREA
L	2	7	234-5Z	200W AREA
L	2	7	2734ZA	200W AREA

## Certification: (Read and sign after completing all sections)

 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 7440 37 1 Trade Secret ☐Chem. Name ARGON
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	7	277W	200W AREA
A	2	4	338	300 AREA
A	2	4	403	400 AREA

CAS 75 63 8 Trade Secret ☐Chem. Name BROMOTRIFLUOROMETHANE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	105N	100N AREA
L	2	4	182N	100N AREA
L	2	4	184N	100N AREA
L	2	4	202A	200E AREA
L	2	4	2101M	200E AREA
L	2	4	243G4	200E AREA

CAS 75 63 8 Trade Secret ☐Chem. Name BROMOTRIFLUOROMETHANE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	234G6	200E AREA
L	2	4	292AB	200E AREA
L	2	4	222S	200W AREA
L	2	4	234-5Z	200W AREA
L	2	4	242S	200W AREA
L	2	4	2701ZA	200W AREA

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 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature \_\_\_\_\_

 Date signed 02/22/95

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 75638 Trade Secret ☐Chem. Name BROMOTRIFLUOROMETHANECheck all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24 2704Z 200W AREA  
L24 306E 300 AREA  
L24 331C 300 AREA  
L24 339A 300 AREA  
L24 403 400 AREA  
L24 4703 400 AREA

CAS 75638 Trade Secret ☐Chem. Name BROMOTRIFLUOROMETHANECheck all that apply: ☒ Pure ☐ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24 4721 400 AREA  
L24 491E 400 AREA  
L24 251W 600 AREA  
L24 6652C 600 AREA  
L24 747 700 AREA  
L24 FED 700 AREA

CAS 133864 Trade Secret ☐Chem. Name CARBON BLACKCheck all that apply: ☒ Pure ☐ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

I14 2703E 200E AREA  
N14 2703E 200E AREA  
C14 200UP1 200W AREA  
J14 200ZP1 200W AREA  
R14 200ZP2 200W AREA  
D14 216Z1A 200W AREA

Certification: (Read and sign after completing all sections)

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 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95  
 Date signed

## Optional Attachments

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☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures

## TIER TWO

EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352SIC Code 9999 Dun & Brad Number 03 - 445 - 6186For  
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Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 133 86 4 Trade Secret ☐Chem. Name CARBON BLACKCheck all that apply: ☒ Pure ☐ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)Max. Daily Amount (code) 04  
Avg. Daily Amount (code) 04  
No. of Days On-Site (days) 365E 1 4 216Z1A 200W AREACAS 56 23 5 Trade Secret ☐Chem. Name TETRACHLOROMETHANECheck all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)Max. Daily Amount (code) 04  
Avg. Daily Amount (code) 04  
No. of Days On-Site (days) 365M 1 4 222SA 200W AREA  
M 1 4 234-5Z 200W AREA  
E 1 4 236Z 200W AREA  
D 1 4 241Z 200W AREA  
M 1 4 2731ZA 200W AREA  
M 1 4 306E 300 AREACAS 56 23 5 Trade Secret ☐Chem. Name TETRACHLOROMETHANECheck all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)Max. Daily Amount (code) 04  
Avg. Daily Amount (code) 04  
No. of Days On-Site (days) 365M 1 4 747 700 AREA

## Certification: (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.James E. Rasmussen, Acting Program Manager  
Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

- ☒
- I have attached a site plan
- 
- ☐
- I have attached a list of site coordinate abbreviations
- 
- ☐
- I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

 For  
 Official  
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 Only

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Date Received

 Specific  
 Information  
 by Chemical

## Owner/Operator Name

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 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 7782 50 5 Trade Secret ☐Chem. Name CHLORINE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS
EHS Name CHLORINE
☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)
04 Max. Daily Amount (code)04 Avg. Daily Amount (code)365 No. of Days On-Site (days)

L	2	4	183D	100D AREA
L	2	4	183KE	100K AREA
L	2	4	183N	100N AREA
L	2	4	283E	1100 AREA
L	2	4	283W	200W AREA
L	2	4	315	300 AREA

CAS 75 45 6 Trade Secret ☐Chem. Name CHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)03 Avg. Daily Amount (code)365 No. of Days On-Site (days)

L	2	4	105N	100N AREA
L	2	4	13N	100N AREA
L	2	4	1723N	100N AREA
C	2	4	1163	1100 AREA
L	2	4	1168	1100 AREA
L	2	4	1171	1100 AREA

CAS 75 45 6 Trade Secret ☐Chem. Name CHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)03 Avg. Daily Amount (code)365 No. of Days On-Site (days)

C	2	4	M0404	1100 AREA
C	2	4	M0916	1100 AREA
C	2	4	M0938	1100 AREA
C	2	4	M0940	1100 AREA
L	2	4	225BC	200E AREA
D	2	4	225BC	200E AREA

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 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

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## Owner/Operator Name

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 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s e n t	Storage Codes and Locations (Non-Confidential)	O p t	
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	L	2	4	<u>P012</u> <u>200E AREA</u> <u>L 2 4</u> <u>203U</u> <u>200W AREA</u> <u>L 2 4</u> <u>221T</u> <u>200W AREA</u> <u>L 2 4</u> <u>234-5Z</u> <u>200W AREA</u> <u>L 2 4</u> <u>272WA</u> <u>200W AREA</u> <u>L 2 4</u> <u>275W</u> <u>200W AREA</u>	<input type="checkbox"/>
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	C	2	4	<u>305</u> <u>300 AREA</u> <u>C 2 4</u> <u>309</u> <u>300 AREA</u> <u>C 2 4</u> <u>321</u> <u>300 AREA</u> <u>C 2 4</u> <u>328</u> <u>300 AREA</u> <u>L 2 4</u> <u>328</u> <u>300 AREA</u> <u>L 2 4</u> <u>331C</u> <u>300 AREA</u>	<input type="checkbox"/>
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	L	2	4	<u>331D</u> <u>300 AREA</u> <u>C 2 4</u> <u>337</u> <u>300 AREA</u> <u>C 2 4</u> <u>3506A</u> <u>300 AREA</u> <u>C 2 4</u> <u>3506B</u> <u>300 AREA</u> <u>C 2 4</u> <u>3701A</u> <u>300 AREA</u> <u>C 2 4</u> <u>3701D</u> <u>300 AREA</u>	<input type="checkbox"/>

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Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
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 Official  
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ID #

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 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 75456 Trade Secret ☐Chem. Name CHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C	2	4	3701L	300 AREA
C	2	4	3701U	300 AREA
C	2	4	3702	300 AREA
C	2	4	3706	300 AREA
C	2	4	3707B	300 AREA
C	2	4	3707C	300 AREA

CAS 75456 Trade Secret ☐Chem. Name CHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C	2	4	3709	300 AREA
L	2	4	3717	300 AREA
C	2	4	3719	300 AREA
C	2	4	3728	300 AREA
C	2	4	3763	300 AREA
C	2	4	3765	300 AREA

CAS 75456 Trade Secret ☐Chem. Name CHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C	2	4	3766	300 AREA
C	2	4	3768	300 AREA
C	2	4	3769	300 AREA
C	2	4	3770	300 AREA
C	2	4	3790	300 AREA
C	2	4	1154	3000 AREA

## Certification (Read and sign after completing all sections)

 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures



**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03-445-6186

 For  
 Official  
 Use  
 Only

ID #

Date Received

## Owner/Operator Name

 Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94
☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s e p	T e m p	Storage Codes and Locations (Non-Confidential)	O p t
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	L	2	4	1240 3000 AREA	<input type="checkbox"/>
			C	2	4	M0236 3000 AREA	
			C	2	4	M0237 3000 AREA	
			C	2	4	M0417 3000 AREA	
			C	2	4	M0905 3000 AREA	
			C	2	4	M0906 3000 AREA	
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	C	2	4	M0917 3000 AREA	<input type="checkbox"/>
			L	2	4	432A 400 AREA	
			C	2	4	4701B 400 AREA	
			C	2	4	4702 400 AREA	
			C	2	4	4704N 400 AREA	
			C	2	4	4706 400 AREA	
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	C	2	4	4707 400 AREA	<input type="checkbox"/>
			C	2	4	4719 400 AREA	
			C	2	4	4722B 400 AREA	
			C	2	4	4722C 400 AREA	
			C	2	4	4732A 400 AREA	
			L	2	4	4734B 400 AREA	

## Certification (Read and sign after completing all sections)

 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

<b>TIER TWO</b> EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	<b>Facility Identification</b>		<b>Owner/Operator Name</b>	
	Name <u>U.S. Department of Energy - Hanford Site</u>		Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 Jadwin Avenue</u>		Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
Specific Information by Chemical	City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>		<b>Emergency Contact</b>	
	SIC Code <u>9999</u> Dun & Brad Number <u>03</u> - <u>445</u> - <u>6186</u>		Name <u>John B. Hall</u> Title <u>Team Leader, Public Safety and Medical Programs Team</u>	
	For Official Use Only ID # _____ Date Received _____		Phone <u>(509) 372-1677</u> 24 Hr. Phone <u>(509) 373-3800</u>	
		Name _____ Title _____		
		Phone ( ) _____ 24 Hr. Phone ( ) _____		

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T y p e	P r e s	T e m p	Storage Codes and Locations (Non-Confidential)	O p t
						Storage Locations	
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	C	2	4	<u>4734B</u> 400 AREA <u>4734D</u> 400 AREA <u>4842A</u> 400 AREA <u>M0353</u> 400 AREA <u>M0378</u> 400 AREA <u>M0379</u> 400 AREA	<input type="checkbox"/>
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	C	2	4	<u>M0908</u> 400 AREA <u>662</u> 600 AREA <u>662A</u> 600 AREA <u>M0001</u> 600 AREA <u>M0002</u> 600 AREA <u>M0302</u> 600 AREA	<input type="checkbox"/>
CAS <u>75456</u> Trade Secret <input type="checkbox"/> Chem. Name <u>CHLORODIFLUOROMETHANE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>03</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	C	2	4	<u>703</u> 700 AREA <u>712</u> 700 AREA <u>747</u> 700 AREA <u>747B</u> 700 AREA	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

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Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352

 SIC Code 9999 Dun & Brad Number 03-445-6186

 For  
 Official  
 Use  
 Only

ID #

Date Received

## Owner/Operator Name

 Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800

 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94
☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p

 Storage Codes and Locations  
 (Non-Confidential)  
 Storage Locations
O  
P  
t
 CAS                         Trade Secret ☐
Chem. Name COAL
 Check all that apply: ☐ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

09 Max. Daily Amount (code)  
08 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14  
R14  
R14  
    
    
  
284E 200E AREA  
284W 200W AREA  
384 300 AREA

 CAS          75 71 8 Trade Secret ☐
Chem. Name DICHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24  
L24  
L24  
L24  
L24  
L24
105N 100N AREA  
1168 1100 AREA  
1171 1100 AREA  
P012 200E AREA  
203U 200W AREA  
221T 200W AREA

 CAS          75 71 8 Trade Secret ☐
Chem. Name DICHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24  
L24  
L24  
C24  
L24  
L24
234-5Z 200W AREA  
275W 200W AREA  
M0721 200W AREA  
309 300 AREA  
328 300 AREA  
331D 300 AREA

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Signature

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

 For  
 Official  
 Use  
 Only

ID #

Date Received

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 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

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 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e p  
 e s p

 Storage Codes and Locations  
 (Non-Confidential)

## Storage Locations

O  
P  
tCAS 75718 Trade Secret ☐Chem. Name DICHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C	2	4	337	300 AREA
C	2	4	3703	300 AREA
L	2	4	3717	300 AREA
C	2	4	3718	300 AREA
C	2	4	3718N	300 AREA
L	2	4	1240	3000 AREA

CAS 75718 Trade Secret ☐Chem. Name DICHLORODIFLUOROMETHANE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
03 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	432A	400 AREA
L	2	4	4734B	400 AREA

CAS        Trade Secret ☐Chem. Name DIESEL FUEL
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

A	1	4	182B	100B AREA
A	1	4	1171	1100 AREA
C	1	4	1171	1100 AREA
B	1	4	1171	1100 AREA
B	1	4	1172A	1100 AREA
A	1	4	1174	1100 AREA

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 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

 02/22/95  
 Date signed

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- ☐ I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
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Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Trade Secret ☐Chem. Name DIESEL FUELCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

A	1	4	202A	200E AREA
B	1	4	202A	200E AREA
B	1	4	204AR	200E AREA
B	1	4	225BC	200E AREA
B	1	4	242A	200E AREA
B	1	4	244AR	200E AREA

CAS ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Trade Secret ☐Chem. Name DIESEL FUELCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

B	1	4	2713E	200E AREA
A	1	4	2721EA	200E AREA
A	1	4	282B	200E AREA
A	1	4	282BA	200E AREA
A	1	4	2402W	200W AREA
B	1	4	2713W	200W AREA

CAS ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Trade Secret ☐Chem. Name DIESEL FUELCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

B	1	4	2721Z	200W AREA
A	1	4	318	300 AREA
B	1	4	3621B	300 AREA
B	1	4	3621D	300 AREA
A	1	4	3701N	300 AREA
A	1	4	1226	3000 AREA

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 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

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☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures

<b>TIER TWO</b> EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY  Specific Information by Chemical	<b>Facility Identification</b> Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		<b>Owner/Operator Name</b> Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	<b>Emergency Contact</b> Name <u>John B. Hall</u> Title <u>Team Leader, Public Safety and Medical Programs Team</u> Phone <u>(509) 372-1677</u> 24 Hr. Phone <u>(509) 373-3800</u>		Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____	
	For Official Use Only ID # _____ Date Received _____			

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94

☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e m e s p	Storage Codes and Locations (Non-Confidential)  Storage Locations	O p t
CAS <u>          </u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>B14</u> <u>B14</u> <u>B14</u> <u>C14</u> <u>B14</u> <u>D14</u>	<u>408A 400 AREA</u> <u>408B 400 AREA</u> <u>408C 400 AREA</u> <u>427 400 AREA</u> <u>427 400 AREA</u> <u>427 400 AREA</u>	<input type="checkbox"/>
CAS <u>          </u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIESEL FUEL</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>B14</u> <u>B14</u> <u>B14</u> <u>B14</u> <u>A14</u>	<u>4621E 400 AREA</u> <u>4621W 400 AREA</u> <u>4721 400 AREA</u> <u>481 400 AREA</u> <u>481A 400 AREA</u>	<input type="checkbox"/>
CAS <u>          111466</u> Trade Secret <input type="checkbox"/> Chem. Name <u>DIETHYLENE GLYCOL</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>C24</u>	<u>405 400 AREA</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352

 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186
For  
Official  
Use  
Only

ID #

Date Received

## Owner/Operator Name

 Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
Y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 63148 629 Trade Secret ☐Chem. Name DIMETHYL SILOXANE
 Check all that apply: ☒ Pure ☐ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☐ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)04 Avg. Daily Amount (code)365 No. of Days On-Site (days)R14R14R14R14200E AREA TRANSFORMERS200W AREA TRANSFORMERS300 AREA TRANSFORMERS600 AREA TRANSFORMERSCAS 7758 144 Trade Secret ☐Chem. Name DIPOTASSIUM PHOSPHATE
 Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)04 Avg. Daily Amount (code)365 No. of Days On-Site (days)N14D14D14D14M14N142703E 200E AREA2714A 200E AREA271B 200E AREA291B 200E AREA222S 200W AREA222S 200W AREACAS 7758 144 Trade Secret ☐Chem. Name DIPOTASSIUM PHOSPHATE
 Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)04 Avg. Daily Amount (code)365 No. of Days On-Site (days)M14N14D14D14N14C24222SA 200W AREA222SA 200W AREA234-5Z 200W AREA2734ZG 200W AREA306E 300 AREA405 400 AREA

## Certification: (Read and sign after completing all sections)

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 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

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- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

## TIER TWO

EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For  
Official  
Use  
Only

ID #

Date Received

## Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
V r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 64742 65 0 Trade Secret ☐Chem. Name DIST (PET). SOLVENT-DEWAXED HEAVY PARAFFINICCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 105N 100N AREA  
C14 2715B 200E AREA  
D14 272AW 200E AREA  
D14 291A 200E AREA  
D14 P008 200E AREA  
D14 234-5Z 200W AREA

CAS 64742 65 0 Trade Secret ☐Chem. Name DIST (PET). SOLVENT-DEWAXED HEAVY PARAFFINICCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 272WA 200W AREA  
D14 3709A 300 AREA  
D14 1226 3000 AREA  
D14 1227 3000 AREA

CAS 107 21 1 Trade Secret ☐Chem. Name 1,2-ETHANEDIOLCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N14 1143N 100N AREA  
D14 M0942 100N AREA  
D14 1171 1100 AREA  
D14 1172A 1100 AREA  
D14 1176 1100 AREA  
G14 2703E 200E AREA

## Certification (Read and sign after completing all sections)

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James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

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☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures



**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
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 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186
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 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
Y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 107 21 1 Trade Secret ☐Chem. Name 1,2-ETHANEDIOLCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
05 Max. Daily Amount (code)05 Avg. Daily Amount (code)365 No. of Days On-Site (days)

D	1	4	2711E	200E AREA
D	1	4	2714A	200E AREA
D	1	4	272AW	200E AREA
M	1	4	222S	200W AREA
D	1	4	234-5Z	200W AREA
D	1	4	272WA	200W AREA

CAS 107 21 1 Trade Secret ☐Chem. Name 1,2-ETHANEDIOLCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
05 Max. Daily Amount (code)05 Avg. Daily Amount (code)365 No. of Days On-Site (days)

R	2	6	308	300 AREA
C	2	4	309	300 AREA
D	1	4	328	300 AREA
C	2	4	337	300 AREA
C	1	4	3707C	300 AREA
C	2	4	3765	300 AREA

CAS 107 21 1 Trade Secret ☐Chem. Name 1,2-ETHANEDIOLCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
05 Max. Daily Amount (code)05 Avg. Daily Amount (code)365 No. of Days On-Site (days)

D	1	4	1226	3000 AREA
D	1	4	1227	3000 AREA
C	2	4	405	400 AREA
R	2	6	427	400 AREA
D	1	4	4831	400 AREA
R	2	6	4862	400 AREA

## Certification (Read and sign after completing all sections)

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Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

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- ☐ I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03-445-6186

 For  
 Official  
 Use  
 Only

ID # \_\_\_\_\_

Date Received \_\_\_\_\_

## Owner/Operator Name

 Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

 CAS 107211 Trade Secret ☐
Chem. Name 1,2-ETHANEDIOL
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

 M 1 4  
 M 1 4  
  
  
  
  
  
  
6266 600 AREA  
747 700 AREA

 CAS 7705080 Trade Secret ☐
Chem. Name FERRIC CHLORIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

 M 1 4  
 M 1 4  
 N 1 4  
 M 1 4  
 N 1 4  
 N 1 6

1706KE 100K AREA  
202A 200E AREA  
2703E 200E AREA  
222S 200W AREA  
222S 200W AREA  
222S 200W AREA

 CAS 7705080 Trade Secret ☐
Chem. Name FERRIC CHLORIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

 N 1 4  
 M 1 4  
 N 1 4  
 A 1 4  
 N 1 4  
 M 1 4

222SA 200W AREA  
222SA 200W AREA  
306E 300 AREA  
310 300 AREA  
600 600 AREA  
6266 600 AREA

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 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature \_\_\_\_\_

02/22/95

Date signed

Optional Attachments

☒ I have attached a site plan  
☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures

<b>TIER TWO</b> EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY  <i>Specific          Information          by Chemical</i>	<b>Facility Identification</b> Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		<b>Owner/Operator Name</b> Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	Emergency Contact Name <u>John B. Hall</u> Title <u>Team Leader, Public Safety and Medical Programs Team</u> Phone <u>(509) 372-1677</u> 24 Hr. Phone <u>(509) 373-3800</u>		Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____	
	For Official Use Only ID # _____ Date Received _____			

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential)  Storage Locations	O p t
CAS <u>7705080</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERRIC CHLORIDE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input checked="" type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input checked="" type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>N14</u> <u>N14</u>     	<u>6266 600 AREA</u> <u>747 700 AREA</u>     	<input type="checkbox"/>     
CAS <u>14017391</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FERROUS SULFAMATE</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>E14</u> <u>E14</u> <u>N16</u> <u>E14</u>   	<u>2714A 200E AREA</u> <u>275EA 200E AREA</u> <u>222SA 200W AREA</u> <u>234-5Z 200W AREA</u>   	<input type="checkbox"/>     
CAS <u>68553004</u> Trade Secret <input type="checkbox"/> Chem. Name <u>FUEL OIL NO. 6</u> Check all that apply: <input type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EHS EHS Name _____	<input type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>06</u> Max. Daily Amount (code) <u>06</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>B14</u>     	<u>384 300 AREA</u>     	<input type="checkbox"/>     

Certification: (Read and sign after completing all sections)

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James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
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SIC Code 9999Dun & Brad Number 03 - 445 - 6186
 For  
 Official  
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ID # \_\_\_\_\_

Date Received \_\_\_\_\_

## Owner/Operator Name

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 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p

 Storage Codes and Locations  
 (Non-Confidential)

## Storage Locations

O  
p  
tCAS 68476 34 6 Trade Secret ☐Chem. Name DIESEL FUEL NO. 2
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
05 Max. Daily Amount (code)05 Avg. Daily Amount (code)365 No. of Days On-Site (days)

B	1	4	181B	100B AREA
A	1	4	100DR1	100DR AREA
A	1	4	HEAVY EQUIPMENT POOL	100N AREA
A	1	4	216B3	200E AREA
D	1	4	M0966	200E AREA
A	1	4	218W5	200W AREA

CAS 68476 34 6 Trade Secret ☐Chem. Name DIESEL FUEL NO. 2
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
05 Max. Daily Amount (code)05 Avg. Daily Amount (code)365 No. of Days On-Site (days)

A	1	4	M0235	200W AREA
A	1	4	318	300 AREA
A	1	4	3701N	300 AREA
D	1	4	384	300 AREA
A	1	4	607	600 AREA
A	1	4	M0723	600 AREA

CAS                      Trade Secret ☐Chem. Name HEAT TRANSFER OIL
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
05 Max. Daily Amount (code)05 Avg. Daily Amount (code)365 No. of Days On-Site (days)

R	1	4	190KE	100K AREA
R	1	4	308	300 AREA
R	1	4	405	400 AREA

## Certification (Read and sign after completing all sections)

 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

TIER TWO  
EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352  
SIC Code 9999 Dun & Brad Number 03-445-6186

For  
Official  
Use  
Only

ID #

Date Received

## Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411  
Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Team Leader, Public Safety  
Title and Medical Programs Team  
Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 7664 39 3 Trade Secret ☐Chem. Name HYDROGEN FLUORIDECheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name HYDROGEN FLUORIDE

☐ Fire  
☒ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

02 Max. Daily Amount (code)  
02 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	1706KE	100K AREA
M	1	4	1169	1100 AREA
N	1	4	202A	200E AREA
N	1	4	2703E	200E AREA
N	1	4	222S	200W AREA
M	1	4	222S	200W AREA

CAS 7664 39 3 Trade Secret ☐Chem. Name HYDROGEN FLUORIDECheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name HYDROGEN FLUORIDE

☐ Fire  
☒ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

02 Max. Daily Amount (code)  
02 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	222SA	200W AREA
N	1	4	234-5Z	200W AREA
C	1	4	236Z	200W AREA
N	1	4	2716S	200W AREA
N	1	4	306E	300 AREA
M	1	4	325	300 AREA

CAS 7664 39 3 Trade Secret ☐Chem. Name HYDROGEN FLUORIDECheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name HYDROGEN FLUORIDE

☐ Fire  
☒ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

02 Max. Daily Amount (code)  
02 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	6266	600 AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

 T P T  
 Y r e  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 13465082 Trade Secret ☐Chem. Name HYDROXYLAMINE NITRATE
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

E	1	4	2714A	200E AREA
D	1	4	275EA	200E AREA
M	1	4	222SA	200W AREA
E	1	4	234-5Z	200W AREA
C	1	4	236Z	200W AREA

CAS 8008206 Trade Secret ☐Chem. Name KEROSENE
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4	118B1	100B AREA
D	1	4	183KE	100K AREA
E	1	4	105N	100N AREA
D	1	4	15027	200E AREA
D	1	4	275EA	200E AREA
D	1	4	M0845	200E AREA

CAS 8008206 Trade Secret ☐Chem. Name KEROSENE
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4	2706T	200W AREA
D	1	4	271T	200W AREA
D	1	4	3711	300 AREA
D	1	4	1226	3000 AREA
D	1	4	4713A	400 AREA
D	1	4	4831	400 AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
t
 CAS 8012951 Trade Secret ☐  
 Chem. Name LUBRICATING OIL  
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 183KE 100K AREA  
A14 2715B 200E AREA  
D14 272AW 200E AREA  
D14 3711 300 AREA  
D14 384 300 AREA  
D14 4831 400 AREA

 CAS 8012951 Trade Secret ☐  
 Chem. Name MINERAL OIL  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14 100B AREA TRANSFORMERS  
R14 100D AREA TRANSFORMERS  
R14 100F AREA TRANSFORMERS  
R14 100H AREA TRANSFORMERS  
R14 100K AREA TRANSFORMERS  
R14 100N AREA TRANSFORMERS

 CAS 8012951 Trade Secret ☐  
 Chem. Name MINERAL OIL  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14 200E AREA TRANSFORMERS  
A14 2101M 200E AREA  
R14 2101M 200E AREA  
D14 291A 200E AREA  
D14 P008 200E AREA  
R14 200W AREA TRANSFORMERS

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

 For  
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 Use  
 Only

ID #

Date Received

 Specific  
 Information  
 by Chemical

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 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

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Reporting Period: From January 1 to December 31, 19 94
☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p

 Storage Codes and Locations  
 (Non-Confidential)

## Storage Locations

O  
P  
t

CAS 8012951 Trade Secret ☐  
 Chem. Name MINERAL OIL  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 234-5Z 200W AREA  
D14 272WA 200W AREA  
R14 300 AREA TRANSFORMERS  
D14 1226 3000 AREA  
D14 1227 3000 AREA  
R14 400 AREA TRANSFORMERS

CAS 8012951 Trade Secret ☐  
 Chem. Name MINERAL OIL  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14 600 AREA TRANSFORMERS

CAS        Trade Secret ☐  
 Chem. Name MOTOR OIL  
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

B14 1171 1100 AREA  
C14 1171 1100 AREA  
D14 1171 1100 AREA  
C14 1172A 1100 AREA  
D14 1176 1100 AREA  
A14 2711E 200E AREA

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02/22/95  
 Date signed

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☐ I have attached a description of dikes and other safeguard measures



## TIER TWO

EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352SIC Code 9999 Dun & Brad Number 03 - 445 - 6186For  
Official  
Use  
Only

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Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
Y r s  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 7697 37 2 Trade Secret ☐Chem. Name MOTOR OILCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)B14 2711E 200E AREA  
D14 2711E 200E AREA  
B14 2713W 200W AREACAS 7697 37 2 Trade Secret ☐Chem. Name NITRIC ACIDCheck all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name NITRIC ACID☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)M14 1706KE 100K AREA  
N14 183KE 100K AREA  
M14 183KE 100K AREA  
M14 1169 1100 AREA  
M14 202A 200E AREA  
N14 202A 200E AREACAS 7697 37 2 Trade Secret ☐Chem. Name NITRIC ACIDCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHSEHS Name NITRIC ACID☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)A14 203A 200E AREA  
C14 204A 200E AREA  
N14 221B 200E AREA  
M14 243G4 200E AREA  
M14 2703E 200E AREA  
E14 2714A 200E AREA

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Signature

02/22/95

Date signed

## Optional Attachments

- ☒
- I have attached a site plan
- 
- ☐
- I have attached a list of site coordinate abbreviations
- 
- ☐
- I have attached a description of dikes and other safeguard measures

## TIER TWO

EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

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## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
Y r s  
p e m  
e s p

Storage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
t

CAS 7697 37 2 Trade Secret ☐

Chem. Name NITRIC ACID

Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS

EHS Name NITRIC ACID

CAS 7697 37 2 Trade Secret ☐

Chem. Name NITRIC ACID

Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS

EHS Name NITRIC ACID

CAS 7697 37 2 Trade Secret ☐

Chem. Name NITRIC ACID

Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS

EHS Name NITRIC ACID

☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N14 271B 200E AREA  
D14 271B 200E AREA  
D14 291B 200E AREA  
M14 221T 200W AREA  
M14 222S 200W AREA  
N14 222S 200W AREA

☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M14 222SA 200W AREA  
N14 222SA 200W AREA  
C14 224U 200W AREA  
M14 234-5Z 200W AREA  
E14 234-5Z 200W AREA  
N14 234-5Z 200W AREA

☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C14 236Z 200W AREA  
G14 236Z 200W AREA  
E14 2716S 200W AREA  
M14 2716S 200W AREA  
N14 2716S 200W AREA  
A14 2735Z 200W AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

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Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

 CAS 7697 37 2 Trade Secret ☐  
 Chem. Name NITRIC ACID  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☒ EHS  
 EHS Name NITRIC ACID
☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M	1	4	306E	300 AREA
M	1	4	325	300 AREA
M	1	4	6266	600 AREA
N	1	4	6266	600 AREA
M	1	4	747	700 AREA

 CAS 7727 37 9 Trade Secret ☐  
 Chem. Name NITROGEN  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☐ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	UBIQUITOUS	
L	2	7	1706KE	100K AREA
L	2	7	MO425	100N AREA
A	2	7	1161	1100 AREA
L	2	7	202A	200E AREA
A	2	7	234-5Z	200W AREA

 CAS 7727 37 9 Trade Secret ☐  
 Chem. Name NITROGEN  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☐ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

A	2	7	337	300 AREA
A	2	7	4621W	400 AREA

## Certification (Read and sign after completing all sections)

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 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

## TIER TWO

EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352  
SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

For  
Official  
Use  
Only

ID #

Date Received

## Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411  
Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 19044 88 3 Trade Secret ☐Chem. Name 3,5-DINITRO-N4-DIPROPYL SULFANILAMIDECheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N14 275EA 200E AREA  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAS 144 62 7 Trade Secret ☐Chem. Name OXALIC ACIDCheck all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M14 1706KE 100K AREA  
N14 1706KE 100K AREA  
D14 241A401 200E AREA  
M14 2703E 200E AREA  
N14 2703E 200E AREA  
D14 275EA 200E AREA

CAS 144 62 7 Trade Secret ☐Chem. Name OXALIC ACIDCheck all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 221T 200W AREA  
M14 222S 200W AREA  
N14 222S 200W AREA  
N14 222SA 200W AREA  
N14 234-5Z 200W AREA  
F14 234-5Z 200W AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

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## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
Y r e  
p o m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 144 62 7 Trade Secret ☐Chem. Name OXALIC ACIDCheck all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)04 Avg. Daily Amount (code)365 No. of Days On-Site (days)

J	1	4	234-5Z	200W AREA
E	1	4	234-5Z	200W AREA
M	1	4	306E	300 AREA
M	1	4	325	300 AREA
N	1	4	325	300 AREA
M	1	4	747	700 AREA

CAS 7782 44 7 Trade Secret ☐Chem. Name OXYGENCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☐ Liquid ☒ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)04 Avg. Daily Amount (code)365 No. of Days On-Site (days)L 2 4 UBIQUITOUSCAS 7664 38 2 Trade Secret ☐Chem. Name PHOSPHORIC ACIDCheck all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)
04 Max. Daily Amount (code)04 Avg. Daily Amount (code)365 No. of Days On-Site (days)

M	1	4	1706KE	100K AREA
M	1	4	202A	200E AREA
M	1	4	2703E	200E AREA
N	1	4	271B	200E AREA
D	1	4	275EA	200E AREA
E	1	4	221T	200W AREA

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 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 y r e  
 p o m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

 CAS 7664382 Trade Secret ☐  
 Chem. Name PHOSPHORIC ACID  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C	1	4	221T	200W AREA
M	1	4	221T	200W AREA
M	1	4	222S	200W AREA
N	1	4	222S	200W AREA
M	1	4	222SA	200W AREA
E	1	4	224U	200W AREA

 CAS 7664382 Trade Secret ☐  
 Chem. Name PHOSPHORIC ACID  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C	1	4	224U	200W AREA
M	1	4	234-5Z	200W AREA
D	1	4	2706T	200W AREA
M	1	4	2716S	200W AREA
M	1	4	325	300 AREA
M	1	4	6266	600 AREA

 CAS 7664382 Trade Secret ☐  
 Chem. Name PHOSPHORIC ACID  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M	1	4	747	700 AREA

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TIER TWO  
EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

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## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 1336 36 3 Trade Secret ☐Chem. Name POLYCHLORINATED BIPHENYLSCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14 100B AREA TRANSFORMERS  
R14 100D AREA TRANSFORMERS  
R14 100K AREA TRANSFORMERS  
R14 100N AREA TRANSFORMERS  
R14 200E AREA TRANSFORMERS  
R14 200W AREA TRANSFORMERS

CAS 1336 36 3 Trade Secret ☐Chem. Name POLYCHLORINATED BIPHENYLSCheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14 300 AREA TRANSFORMERS  
R14 337 300 AREA  
R14 400 AREA TRANSFORMERS  
R14 600 AREA TRANSFORMERS

CAS 65997 15 1 Trade Secret ☐Chem. Name PORTLAND CEMENTCheck all that apply: ☒ Pure ☐ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
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H14 2402EB 200E AREA

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## TIER TWO

EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
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 City Richland County Benton State WA Zip 99352  
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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 1310583 Trade Secret ☐  
 Chem. Name POTASSIUM HYDROXIDE  
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N14 1706KE 100K AREA  
M14 M0425 100N AREA  
M14 1169 1100 AREA  
N14 2703E 200E AREA  
D14 2714A 200E AREA  
E14 271B 200E AREA

CAS 1310583 Trade Secret ☐  
 Chem. Name POTASSIUM HYDROXIDE  
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 275EA 200E AREA  
E14 275EA 200E AREA  
I14 275EA 200E AREA  
A14 203U 200W AREA  
D14 221T 200W AREA  
M14 222S 200W AREA

CAS 1310583 Trade Secret ☐  
 Chem. Name POTASSIUM HYDROXIDE  
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N14 222S 200W AREA  
D14 222S 200W AREA  
M14 222SA 200W AREA  
N14 222SA 200W AREA  
D14 234-5Z 200W AREA  
E14 2706T 200W AREA

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY
Specific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
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## Chemical Description

Physical  
and Health  
Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
t

CAS 1310583 Trade Secret ☐  
 Chem. Name POTASSIUM HYDROXIDE  
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N14 306E 300 AREA  
D14 331D 300 AREA  
E14 384 300 AREA  
E14 483B 400 AREA  
N14 747 700 AREA

CAS 74986 Trade Secret ☐  
 Chem. Name PROPANE  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L24 UBIQUITOUS  
A24 118B1 100B AREA  
A24 2711E 200E AREA  
A24 271B 200E AREA  
A24 M0922 200E AREA  
A24 200UP1 200W AREA

CAS 74986 Trade Secret ☐  
 Chem. Name PROPANE  
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☒ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

A24 M0235 200W AREA  
A24 M0244 200W AREA  
A24 609 600 AREA  
A24 609A 600 AREA  
A24 M0428 600 AREA  
A24 M0979 600 AREA

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**TIER TWO**  
EMERGENCY  
AND  
HAZARDOUS  
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Information  
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## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
Y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 7440 23 5 Trade Secret ☐  
Chem. Name SODIUM  
Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
EHS Name \_\_\_\_\_☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

C	1	4	1720DR	100DR AREA
C	1	4	221T	200W AREA
C	1	4	2727W	200W AREA
D	1	4	2727WA	200W AREA
D	1	4	ALKALI METAL STORAGE MODULES	200W AREA
C	1	4	335	300 AREA

CAS 7440 23 5 Trade Secret ☐  
Chem. Name SODIUM  
Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
EHS Name \_\_\_\_\_☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4	335	300 AREA
C	1	4	335A	300 AREA
B	2	4	337	300 AREA
B	2	4	3718M	300 AREA
C	2	5	403	400 AREA
C	2	5	405	400 AREA

CAS 7440 23 5 Trade Secret ☐  
Chem. Name SODIUM  
Check all that apply: ☒ Pure ☐ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS  
EHS Name \_\_\_\_\_☒ Fire  
☐ Sudden Release of Pressure  
☒ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)06 Max. Daily Amount (code)  
06 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4	4843	400 AREA
D	1	4	213K	600 AREA

## Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.James E. Rasmussen, Acting Program Manager  
Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature \_\_\_\_\_

Date signed 02/22/95

## Optional Attachments

- ☒
- I have attached a site plan
- 
- ☐
- I have attached a list of site coordinate abbreviations
- 
- ☐
- I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

 For  
 Official  
 Use  
 Only

ID # \_\_\_\_\_

Date Received \_\_\_\_\_

## Owner/Operator Name

 Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

 CAS 497198 Trade Secret ☐
Chem. Name SODIUM CARBONATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	1706KE	100K AREA
N	1	4	M0425	100N AREA
N	1	4	1169	1100 AREA
M	1	4	202A	200E AREA
K	1	4	202A	200E AREA
N	1	4	2703E	200E AREA

 CAS 497198 Trade Secret ☐
Chem. Name SODIUM CARBONATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

J	1	4	2714A	200E AREA
J	1	4	275EA	200E AREA
M	1	4	222S	200W AREA
N	1	4	222S	200W AREA
M	1	4	222SA	200W AREA
N	1	4	222SA	200W AREA

 CAS 497198 Trade Secret ☐
Chem. Name SODIUM CARBONATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

I	1	4	224U	200W AREA
N	1	4	234-5Z	200W AREA
F	1	4	234-5Z	200W AREA
D	1	4	234-5Z	200W AREA
C	1	4	236Z	200W AREA
F	1	4	236Z	200W AREA

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 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

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## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

 CAS 497198 Trade Secret ☐  
 Chem. Name SODIUM CARBONATE

 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

I	1	4	236Z	200W AREA
I	1	4	2715UA	200W AREA
F	1	4	2715UA	200W AREA
F	1	4	271T	200W AREA
I	1	4	303F	300 AREA
D	1	4	305	300 AREA

 CAS 497198 Trade Secret ☐  
 Chem. Name SODIUM CARBONATE

 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	306E	300 AREA
I	1	4	310	300 AREA
J	1	4	325	300 AREA
N	1	4	747	700 AREA

 CAS 7647145 Trade Secret ☐  
 Chem. Name SODIUM CHLORIDE

 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

J	1	4	202A	200E AREA
J	1	4	225B	200E AREA
J	1	4	2707E	200E AREA
J	1	4	271B	200E AREA
J	1	4	276B	200E AREA
B	1	4	284E	200E AREA

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 AND  
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 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

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## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e m  
 e e p
Storage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 7647145 Trade Secret ☐Chem. Name SODIUM CHLORIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

B	1	4	200ZP2	200W AREA
J	1	4	214T	200W AREA
J	1	4	2402WE	200W AREA
J	1	4	2715UA	200W AREA
B	1	4	284W	200W AREA
D	1	4	325	300 AREA

CAS 7647145 Trade Secret ☐Chem. Name SODIUM CHLORIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

J	1	4	329	300 AREA
J	1	4	331	300 AREA
J	1	4	331D	300 AREA
B	1	4	384	300 AREA

CAS 1310732 Trade Secret ☐Chem. Name SODIUM HYDROXIDE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M	1	4	UBIQUITOUS
N	1	4	UBIQUITOUS
F	1	4	UBIQUITOUS
D	1	4	UBIQUITOUS
E	1	4	UBIQUITOUS
J	1	4	UBIQUITOUS

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 Office of Environmental Assurance, Permits, and Policy

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Signature

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Date signed

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TIER TWO  
EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORY

## Facility Identification

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Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352  
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For  
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Only

ID #

Date Received

Specific  
Information  
by Chemical

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Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 1310 73 2 Trade Secret ☐Chem. Name SODIUM HYDROXIDE

Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

I	1	4	UBIQUITIOUS
K	1	4	UBIQUITIOUS
A	1	4	183N 100N AREA
C	1	5	1171 1100 AREA
C	1	4	202A 200E AREA
C	1	4	204AR 200E AREA

CAS 1310 73 2 Trade Secret ☐Chem. Name SODIUM HYDROXIDE

Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

A	1	4	211A 200E AREA
A	1	4	211B 200E AREA
A	1	4	211BA 200E AREA
A	1	4	271B 200E AREA
A	1	4	241Z 200W AREA
A	1	4	310 300 AREA

CAS 7632 00 0 Trade Secret ☐Chem. Name SODIUM NITRITE

Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M	1	4	1706KE 100K AREA
N	1	4	1706KE 100K AREA
C	1	4	202A 200E AREA
M	1	4	202A 200E AREA
C	1	4	204AR 200E AREA
J	1	4	204AR 200E AREA

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Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

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Date signed

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
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 SIC Code 9999 Dun & Brad Number 03 - 445 - 6186

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ID #

Date Received

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 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

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 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 7632000 Trade Secret ☐Chem. Name SODIUM NITRITE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	2703E	200E AREA
J	1	4	2714A	200E AREA
J	1	4	271B	200E AREA
R	1	4	271B	200E AREA
J	1	4	275EA	200E AREA
J	1	4	291B	200E AREA

CAS 7632000 Trade Secret ☐Chem. Name SODIUM NITRITE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R	1	4	291B	200E AREA
J	1	4	221T	200W AREA
M	1	4	222S	200W AREA
N	1	4	222S	200W AREA
I	1	4	222SA	200W AREA
M	1	4	222SA	200W AREA

CAS 7632000 Trade Secret ☐Chem. Name SODIUM NITRITE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4	222SA	200W AREA
N	1	4	234-5Z	200W AREA
F	1	4	236Z	200W AREA
F	1	4	241Z	200W AREA
J	1	4	241Z	200W AREA
M	1	4	6266	600 AREA

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Signature

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**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
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 Specific  
 Information  
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## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 Y r e  
 p e m  
 e s p
Storage Codes and Locations  
(Non-Confidential)O  
p  
t

## Storage Locations

CAS 7632000 Trade Secret ☐Chem. Name SODIUM NITRITE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

M	1	4

747 700 AREA
CAS 7772987 Trade Secret ☐Chem. Name SODIUM THIOSULFATE
 Check all that apply: ☒ Pure ☒ Mix ☒ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

N	1	4
J	1	4
M	1	4
I	1	4
M	1	4

202A 200E AREA  
275EA 200E AREA  
3705 300 AREA  
3746D 300 AREA  
747 700 AREA
CAS 64741964 Trade Secret ☐Chem. Name SOLVENT-REFINED HEAVY NAPHTHENIC DISTILLATE (PETROLEUM)
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4
D	1	4
D	1	4
D	1	4
C	1	4
D	1	4

190KE 100K AREA  
1171 1100 AREA  
1176 1100 AREA  
2711E 200E AREA  
2715B 200E AREA  
221T 200W AREA

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 Information  
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## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ 24 Hr. Phone ( ) \_\_\_\_\_

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

 T P T  
 y r e  
 p s m  
 e s p
Storage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
t
 CAS 64741 96 4 Trade Secret ☐  
 Chem. Name SOLVENT-REFINED HEAVY NAPHTHENIC DISTILLATE (PETROLEUM)  
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D14 2713WB 200W AREA  
D14 271T 200W AREA  
D14 3709A 300 AREA

 CAS 64741 88 4 Trade Secret ☐  
 Chem. Name SOLVENT-REFINED HEAVY PARAFFINIC DISTILLATE (PETROLEUM)  
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14 200E AREA TRANSFORMERS  
R14 2101M 200E AREA  
C14 2715B 200E AREA  
R14 200W AREA TRANSFORMERS  
R14 300 AREA TRANSFORMERS  
D14 3709A 300 AREA

 CAS 64741 88 4 Trade Secret ☐  
 Chem. Name SOLVENT-REFINED HEAVY PARAFFINIC DISTILLATE (PETROLEUM)  
 Check all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS  
 EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☐ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

R14 600 AREA TRANSFORMERS

## Certification: (Read and sign after completing all sections)

 I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52, and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

 James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

<b>TIER TWO</b> EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY  <i>Specific          Information          by Chemical</i>	<b>Facility Identification</b> Name <u>U.S. Department of Energy - Hanford Site</u> Street <u>825 Jadwin Avenue</u> City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u> SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>  For Official Use Only ID # _____ Date Received _____		<b>Owner/Operator Name</b> Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u> Mail Address <u>P.O. Box 550, Richland WA 99352</u>  <b>Emergency Contact</b> Name <u>John B. Hall</u> Title <u>Team Leader, Public Safety and Medical Programs Team</u> Phone <u>(509) 372-1677</u> 24 Hr. Phone <u>(509) 373-3800</u>  Name _____ Title _____ Phone ( ) 24 Hr. Phone ( )	
--	---	--	--	--

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T y r e p e s e s p	Storage Codes and Locations (Non-Confidential)  Storage Locations	O p t
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>M14</u> <u>M14</u> <u>A14</u> <u>A14</u> <u>M14</u> <u>M14</u>	<u>1706KE 100K AREA</u> <u>183KE 100K AREA</u> <u>107N 100N AREA</u> <u>163N 100N AREA</u> <u>1169 1100 AREA</u> <u>202A 200E AREA</u>	<input type="checkbox"/>
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>E14</u> <u>A14</u> <u>E14</u> <u>E14</u> <u>M14</u> <u>N14</u>	<u>211BA 200E AREA</u> <u>211BA 200E AREA</u> <u>217B 200E AREA</u> <u>2703E 200E AREA</u> <u>2703E 200E AREA</u> <u>271B 200E AREA</u>	<input type="checkbox"/>
CAS <u>7664</u> <u>93</u> <u>9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>N14</u> <u>K14</u> <u>M14</u> <u>M14</u> <u>N14</u> <u>M14</u>	<u>275EA 200E AREA</u> <u>214T 200W AREA</u> <u>222S 200W AREA</u> <u>222SA 200W AREA</u> <u>222SA 200W AREA</u> <u>234-5Z 200W AREA</u>	<input type="checkbox"/>

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages one through 52 and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

James E. Rasmussen, Acting Program Manager  
 Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

Optional Attachments

- ☒ I have attached a site plan  
☐ I have attached a list of site coordinate abbreviations  
☐ I have attached a description of dikes and other safeguard measures

<b>TIER TWO</b> EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY	<b>Facility Identification</b>		<b>Owner/Operator Name</b>	
	Name <u>U.S. Department of Energy - Hanford Site</u>		Name <u>U.S. Department of Energy</u> Phone <u>(509) 376-7411</u>	
	Street <u>825 Jadwin Avenue</u>		Mail Address <u>P.O. Box 550, Richland WA 99352</u>	
	City <u>Richland</u> County <u>Benton</u> State <u>WA</u> Zip <u>99352</u>		Emergency Contact	
	SIC Code <u>9999</u> Dun & Brad Number <u>03-445-6186</u>		Name <u>John B. Hall</u> Title <u>Team Leader, Public Safety and Medical Programs Team</u>	
	For Official Use Only ID # _____ Date Received _____		Phone <u>(509) 372-1677</u> 24 Hr. Phone <u>(509) 373-3800</u>	
Specific Information by Chemical			Name _____ Title _____ Phone ( ) _____ 24 Hr. Phone ( ) _____	

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

Chemical Description	Physical and Health Hazards (Check all that apply)	Inventory	T P T Y r e p e m e s p	Storage Codes and Locations (Non-Confidential) Storage Locations	O p t
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>D14</u> <u>M14</u> <u>N14</u> <u>N14</u> <u>A14</u> <u>M14</u>	<u>234-5Z 200W AREA</u> <u>2716S 200W AREA</u> <u>2716S 200W AREA</u> <u>306E 300 AREA</u> <u>310 300 AREA</u> <u>325 300 AREA</u>	<input type="checkbox"/>
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>E14</u> <u>M14</u> <u>N14</u> <u>N14</u> <u>R14</u> <u>R14</u>	<u>333 300 AREA</u> <u>3705 300 AREA</u> <u>3705 300 AREA</u> <u>3746D 300 AREA</u> <u>427 400 AREA</u> <u>4862 400 AREA</u>	<input type="checkbox"/>
CAS <u>7664 93 9</u> Trade Secret <input type="checkbox"/> Chem. Name <u>SULFURIC ACID</u> Check all that apply: <input checked="" type="checkbox"/> Pure <input checked="" type="checkbox"/> Mix <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Gas <input checked="" type="checkbox"/> EHS EHS Name <u>SULFURIC ACID</u>	<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Sudden Release of Pressure <input type="checkbox"/> Reactivity <input checked="" type="checkbox"/> Immediate (acute) <input checked="" type="checkbox"/> Delayed (chronic)	<u>04</u> Max. Daily Amount (code) <u>04</u> Avg. Daily Amount (code) <u>365</u> No. of Days On-Site (days)	<u>E14</u> <u>N14</u> <u>M14</u> <u>M14</u>	<u>PIT 6 600 AREA</u> <u>6266 600 AREA</u> <u>6266 600 AREA</u> <u>747 700 AREA</u>	<input type="checkbox"/>

Certification: (Read and sign after completing all sections)

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Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

Optional Attachments

- ☒ I have attached a site plan
- ☐ I have attached a list of site coordinate abbreviations
- ☐ I have attached a description of dikes and other safeguard measures

**TIER TWO**  
 EMERGENCY  
 AND  
 HAZARDOUS  
 CHEMICAL  
 INVENTORY

 Specific  
 Information  
 by Chemical

## Facility Identification

 Name U.S. Department of Energy - Hanford Site  
 Street 825 Jadwin Avenue  
 City Richland County Benton State WA Zip 99352  
 SIC Code 9999 Dun & Brad Number 03-445-6186

 For  
 Official  
 Use  
 Only

ID #

Date Received

## Owner/Operator Name

 Name U.S. Department of Energy Phone (509) 376-7411  
 Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

 Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
 Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Phone ( ) 24 Hr. Phone ( )

Important: Read all instructions before completing form

Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

 Physical  
 and Health  
 Hazards  
 (Check all that apply)

## Inventory

 T P T  
 Y r e  
 p a m  
 o s p

 Storage Codes and Locations  
 (Non-Confidential)

## Storage Locations

O  
p  
t
 CAS 75694 Trade Secret ☐
Chem. Name TRICHLOROFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	1706KE	100K AREA
D	1	4	190KE	100K AREA
F	1	4	190KE	100K AREA
D	1	4	105NA	100N AREA
L	2	4	234-5Z	200W AREA
L	2	4	M0721	200W AREA

 CAS 75694 Trade Secret ☐
Chem. Name TRICHLOROFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

L	2	4	331D	300 AREA
C	3	4	337	300 AREA
D	1	4	3717	300 AREA
L	2	4	3717	300 AREA
D	1	4	427	400 AREA
D	1	4	4831	400 AREA

 CAS 75694 Trade Secret ☐
Chem. Name TRICHLOROFLUOROMETHANE
 Check all that apply: ☒ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)

04 Max. Daily Amount (code)  
04 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

D	1	4	607	600 AREA

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Signature

02/22/95

Date signed

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- ☐ I have attached a description of dikes and other safeguard measures

TIER TWO  
EMERGENCY  
AND  
HAZARDOUS  
CHEMICAL  
INVENTORYSpecific  
Information  
by Chemical

## Facility Identification

Name U.S. Department of Energy - Hanford Site  
Street 825 Jadwin Avenue  
City Richland County Benton State WA Zip 99352SIC Code 9999 Dun & Brad Number 03 - 445 - 6186For  
Official  
Use  
Only

ID #

Date Received

## Owner/Operator Name

Name U.S. Department of Energy Phone (509) 376-7411  
Mail Address P.O. Box 550, Richland WA 99352

## Emergency Contact

Name John B. Hall Title Team Leader, Public Safety and Medical Programs Team  
Phone (509) 372-1677 24 Hr. Phone (509) 373-3800  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Phone ( ) 24 Hr. Phone ( )

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Reporting Period: From January 1 to December 31, 19 94☐ Check if information below is identical to the information submitted last year.

## Chemical Description

Physical and Health Hazards  
(Check all that apply)

## Inventory

T P T  
Y r e  
p e m  
e s pStorage Codes and Locations  
(Non-Confidential)

## Storage Locations

O  
p  
tCAS 8006 619 Trade Secret ☐Chem. Name UNLEADED GASOLINECheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

B	1	4	1172A	1100 AREA
A	1	4	1174	1100 AREA
B	1	4	2713E	200E AREA
A	1	4	200UP1	200W AREA
B	1	4	2713W	200W AREA
A	1	4	3701N	300 AREA

CAS 8006 619 Trade Secret ☐Chem. Name UNLEADED GASOLINECheck all that apply: ☐ Pure ☒ Mix ☐ Solid ☒ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☒ Fire  
☒ Sudden Release of Pressure  
☐ Reactivity  
☒ Immediate (acute)  
☒ Delayed (chronic)05 Max. Daily Amount (code)  
05 Avg. Daily Amount (code)  
365 No. of Days On-Site (days)

B	1	4	382	300 AREA
A	1	4	1226	3000 AREA
B	1	4	4704S	400 AREA
A	1	4	M0723	600 AREA

CAS           Trade Secret ☐

Chem. Name \_\_\_\_\_

Check all that apply: ☐ Pure ☐ Mix ☐ Solid ☐ Liquid ☐ Gas ☐ EHS

EHS Name \_\_\_\_\_

☐ Fire  
☐ Sudden Release of Pressure  
☐ Reactivity  
☐ Immediate (acute)  
☐ Delayed (chronic)     Max. Daily Amount (code)  
     Avg. Daily Amount (code)  
     No. of Days On-Site (days)


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Office of Environmental Assurance, Permits, and Policy

Name and official title of owner/operator OR owner/operator's authorized representative

Signature

02/22/95

Date signed

## Optional Attachments

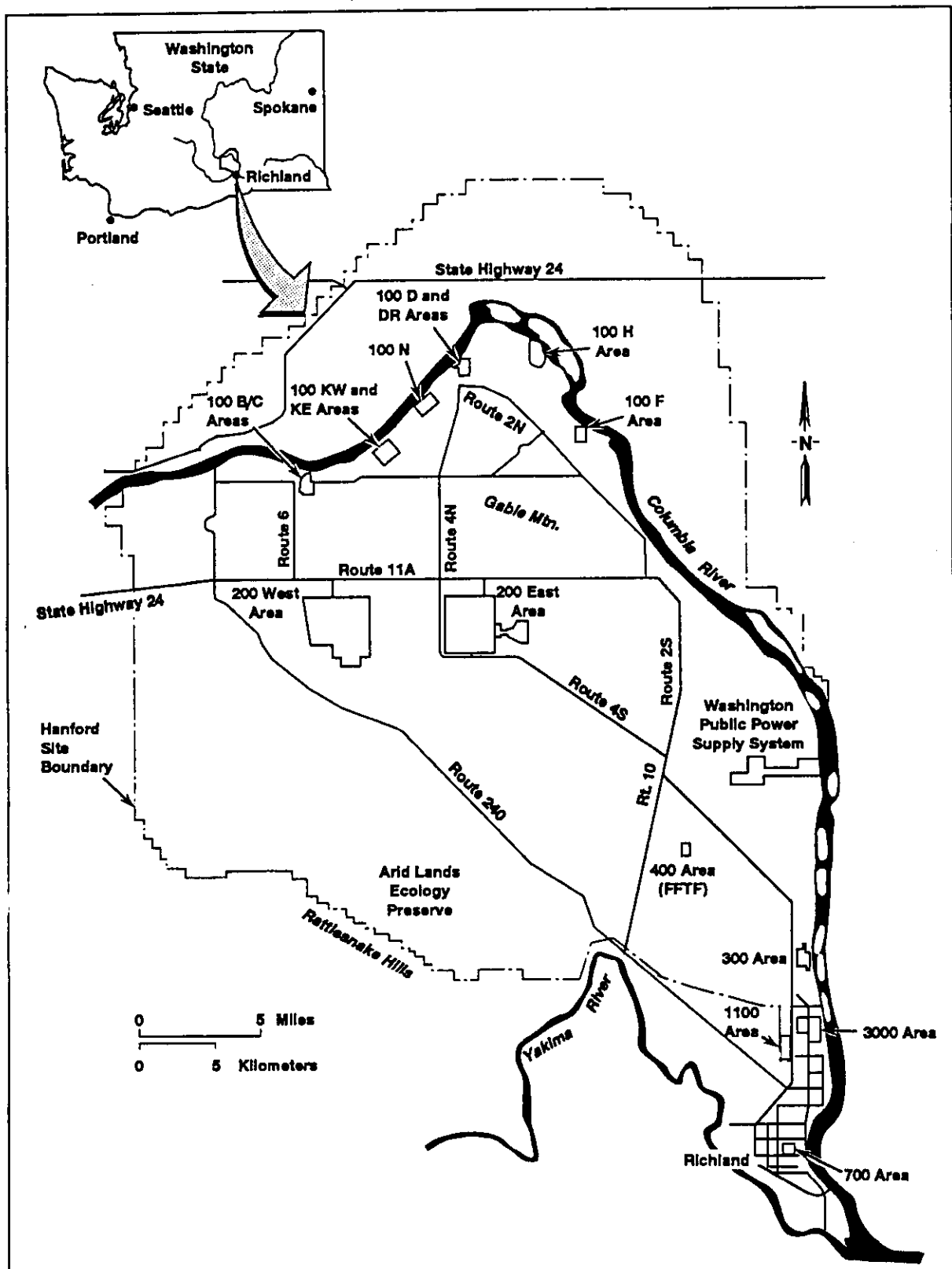
- ☒
- I have attached a site plan
- 
- ☐
- I have attached a list of site coordinate abbreviations
- 
- ☐
- I have attached a description of dikes and other safeguard measures

1994 Tier Two Emergency and  
Hazardous Chemical Inventory

**Section V:**

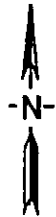
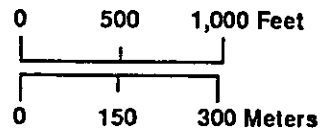
**Site Plans**

# The Hanford Site

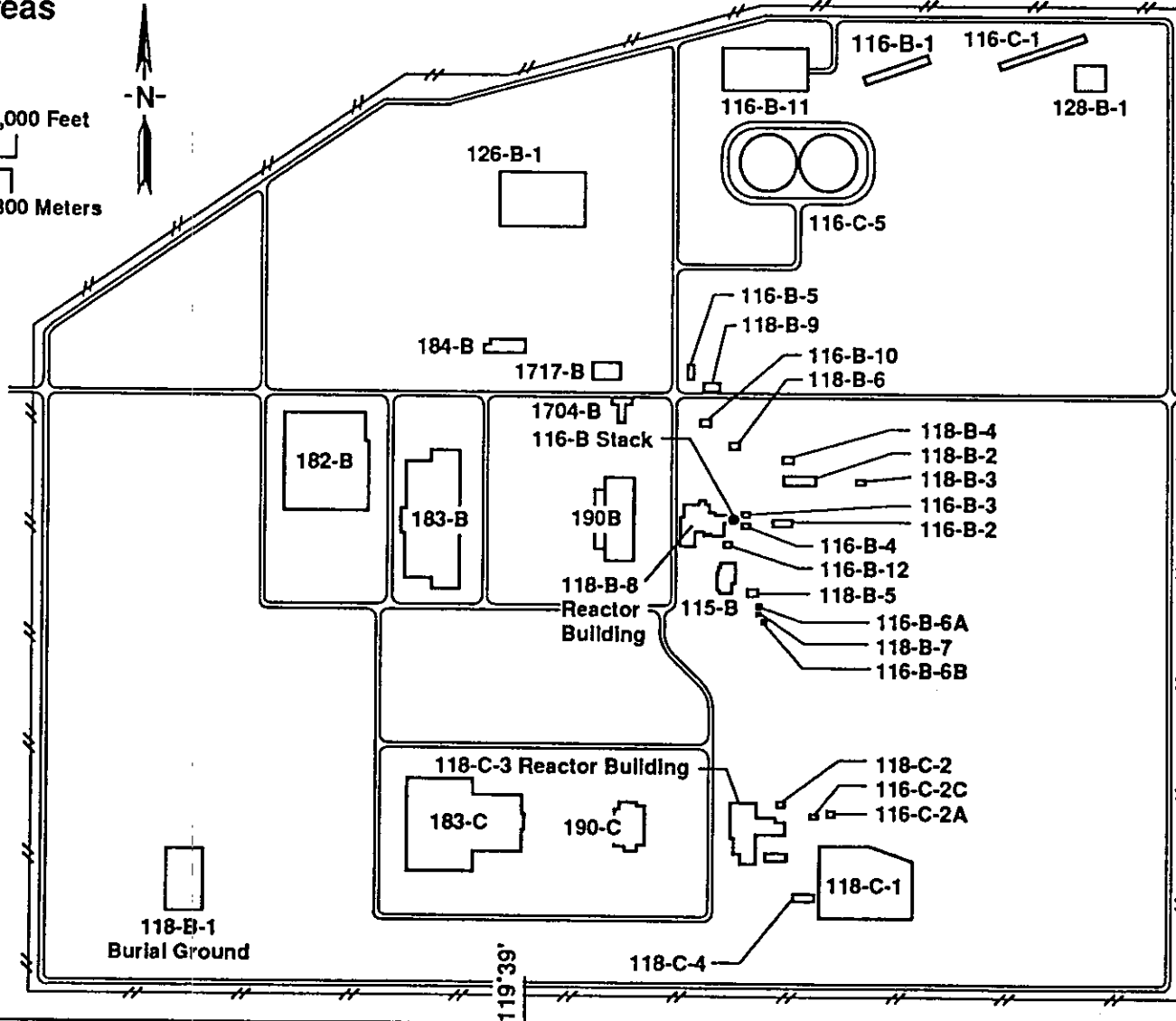


H0502033.2

# 100 B/C Areas



46°38'

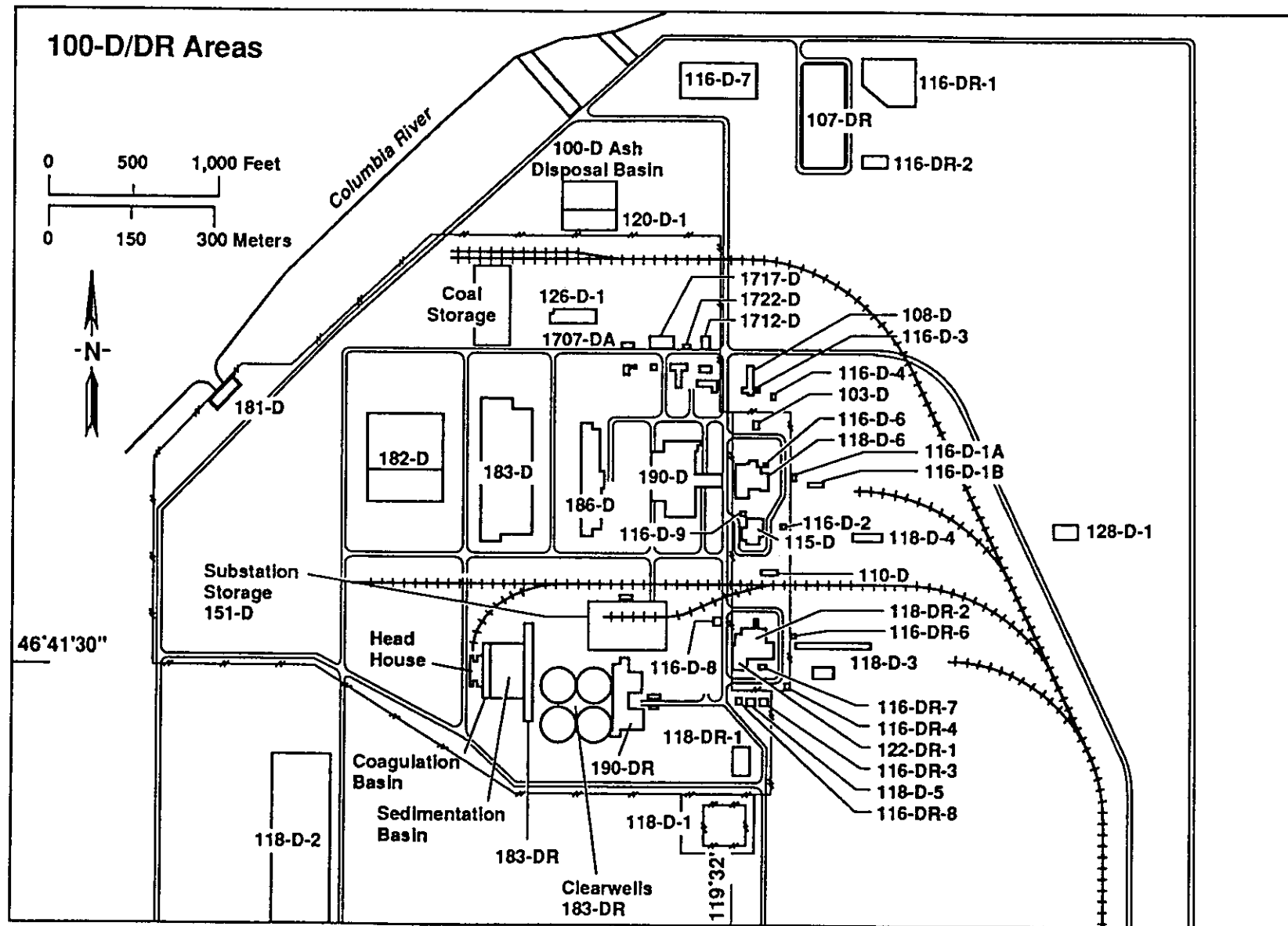


119°39'

H9502033.3

951336.2109

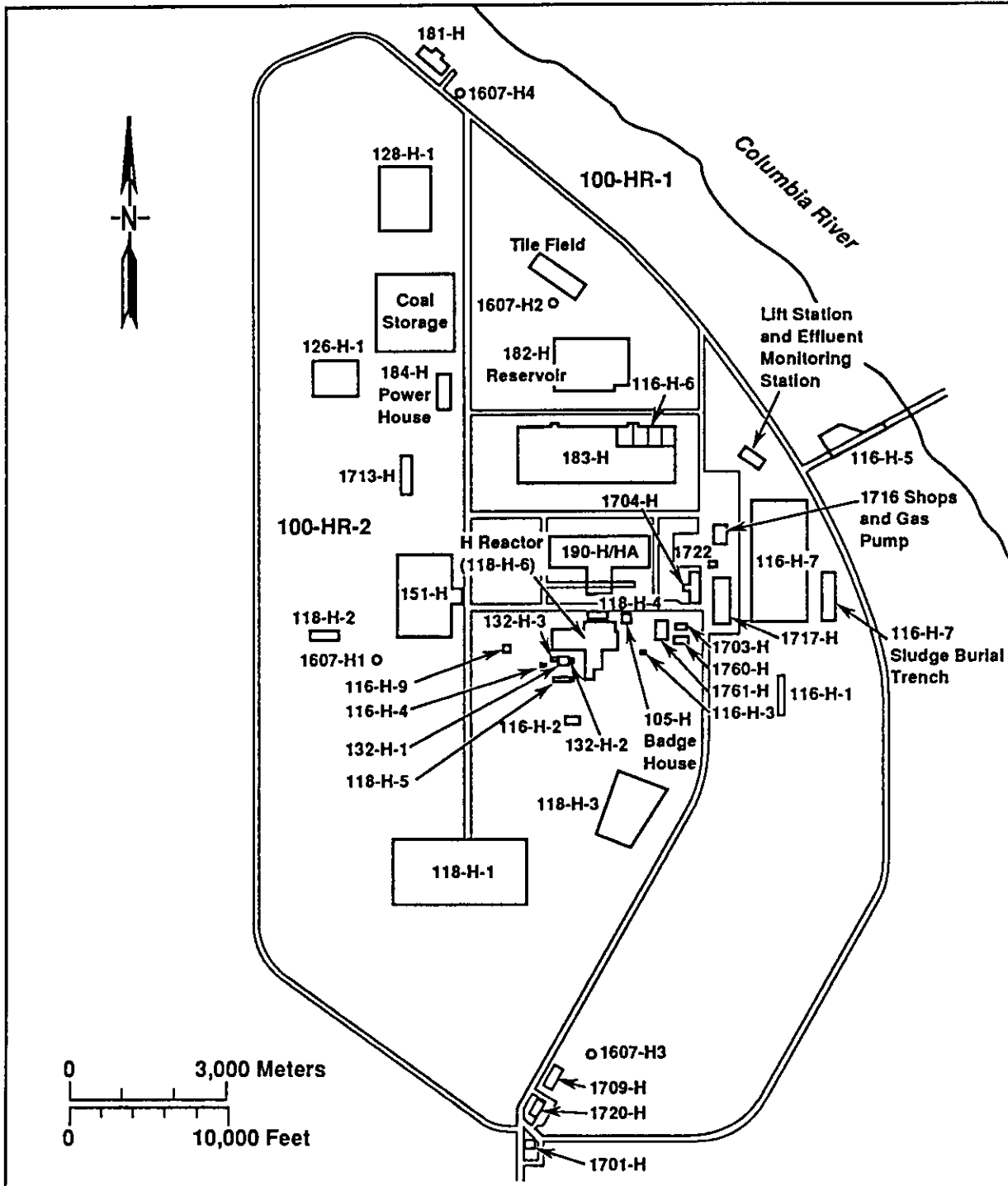




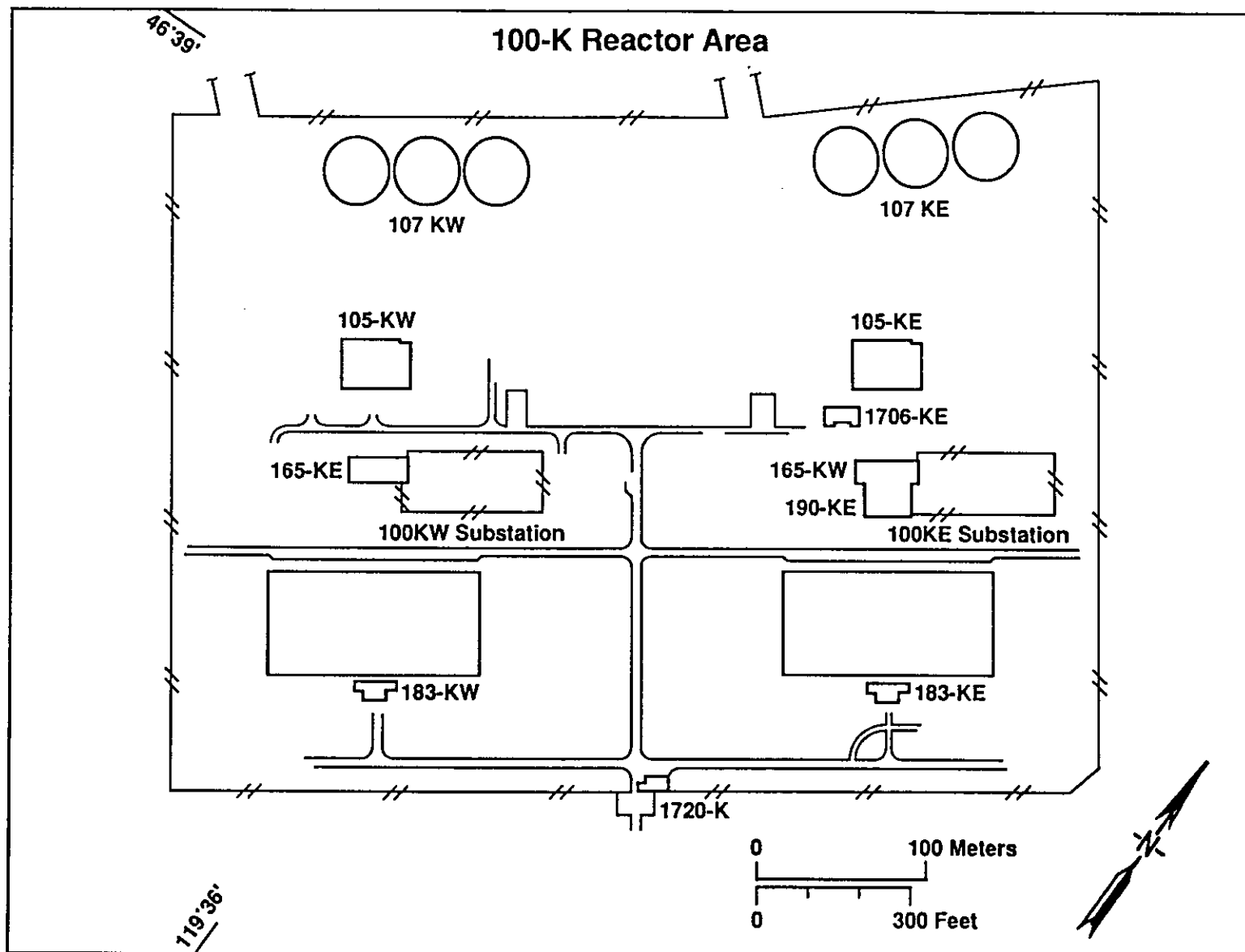
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9513336.2110

## 100-H Area

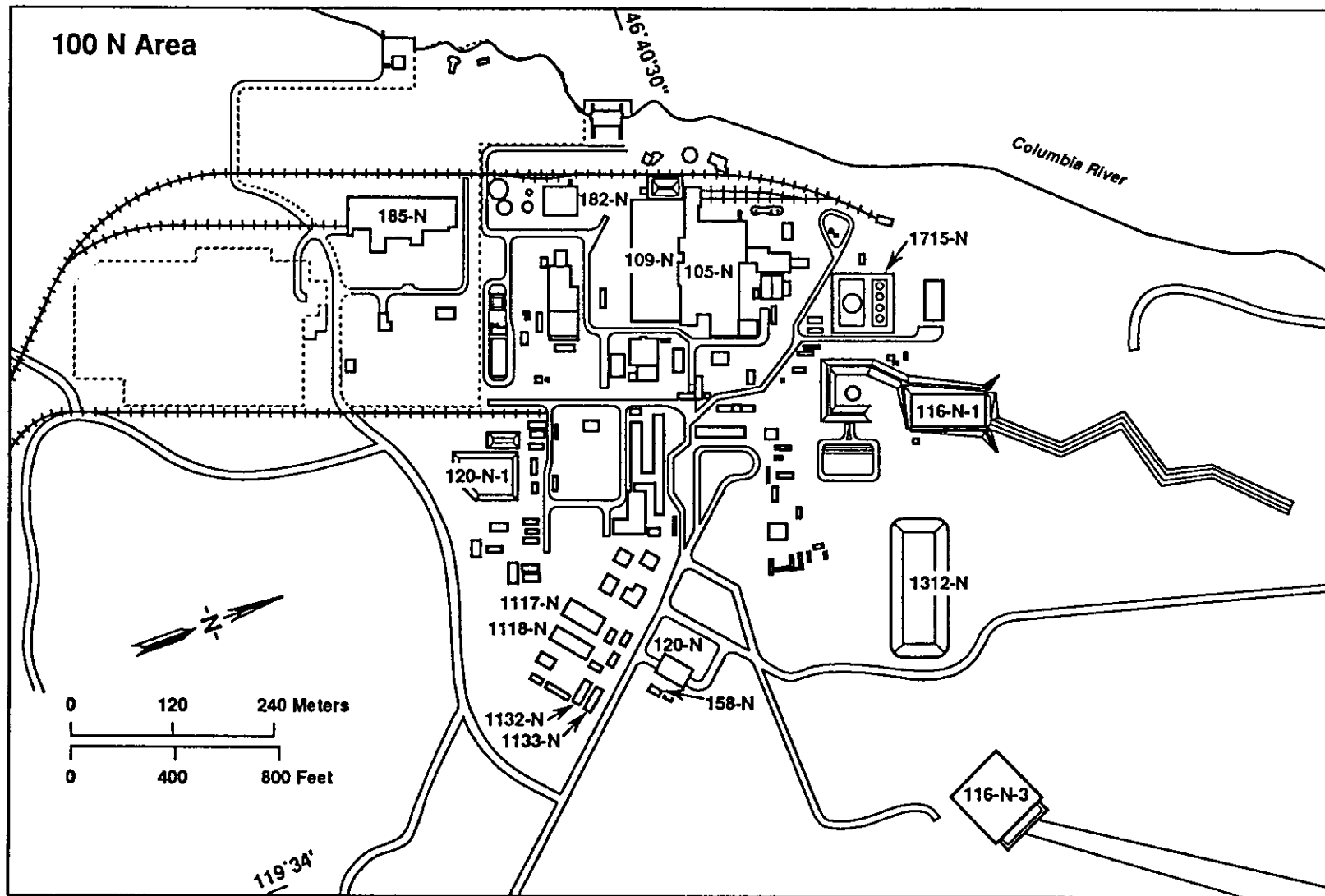


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H9502033.11

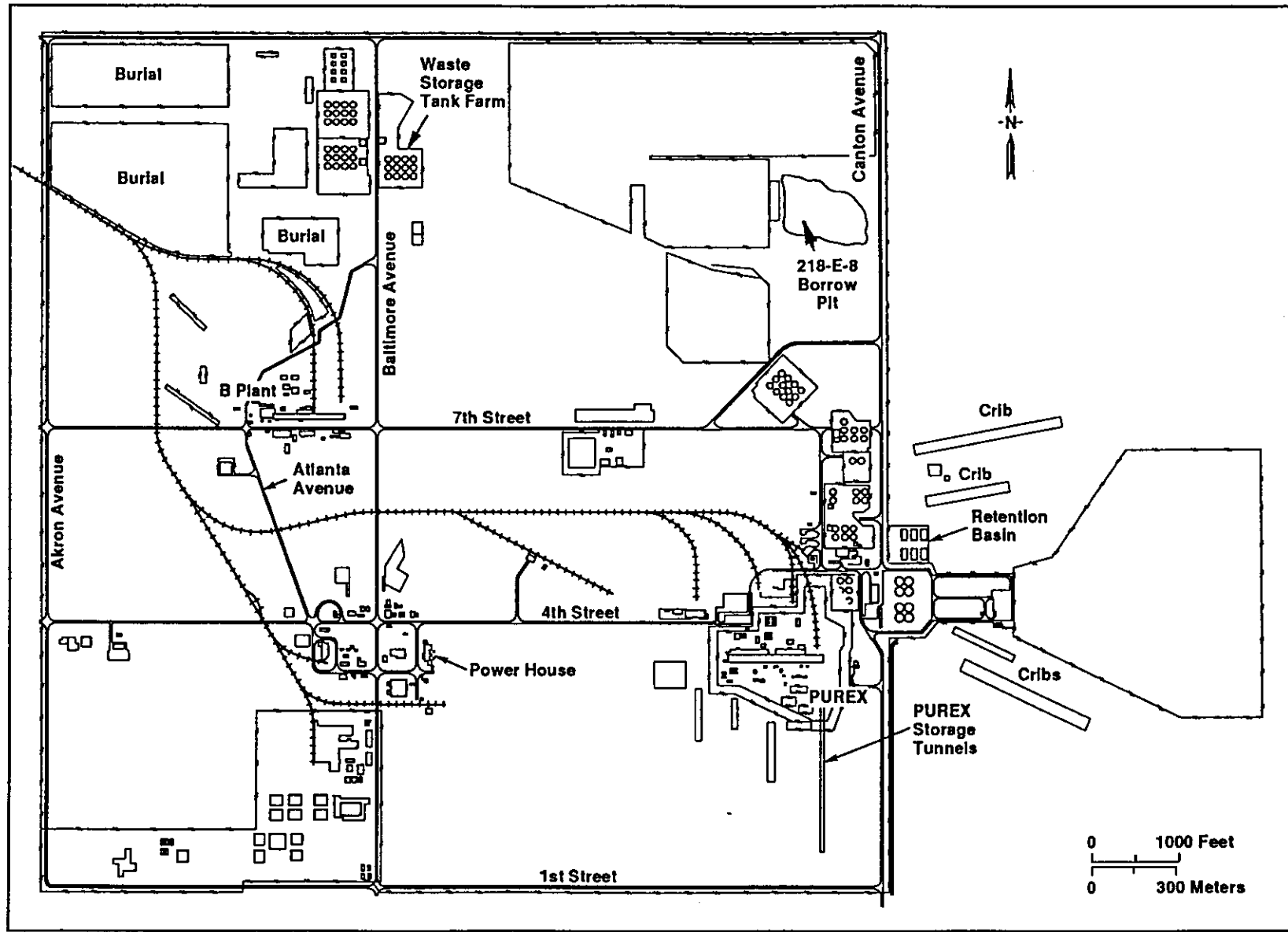
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H9502033.4

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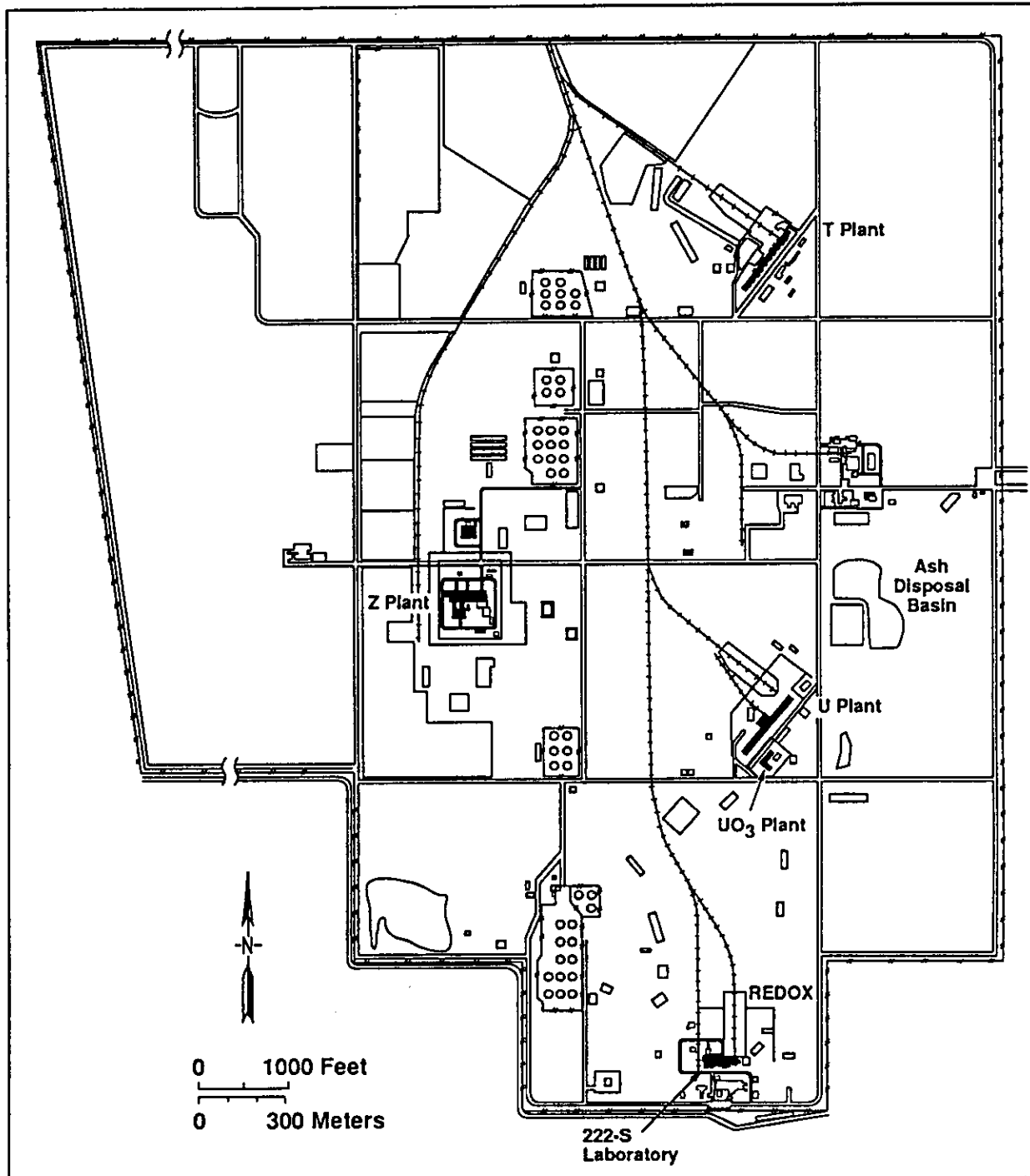
# 200 East Area



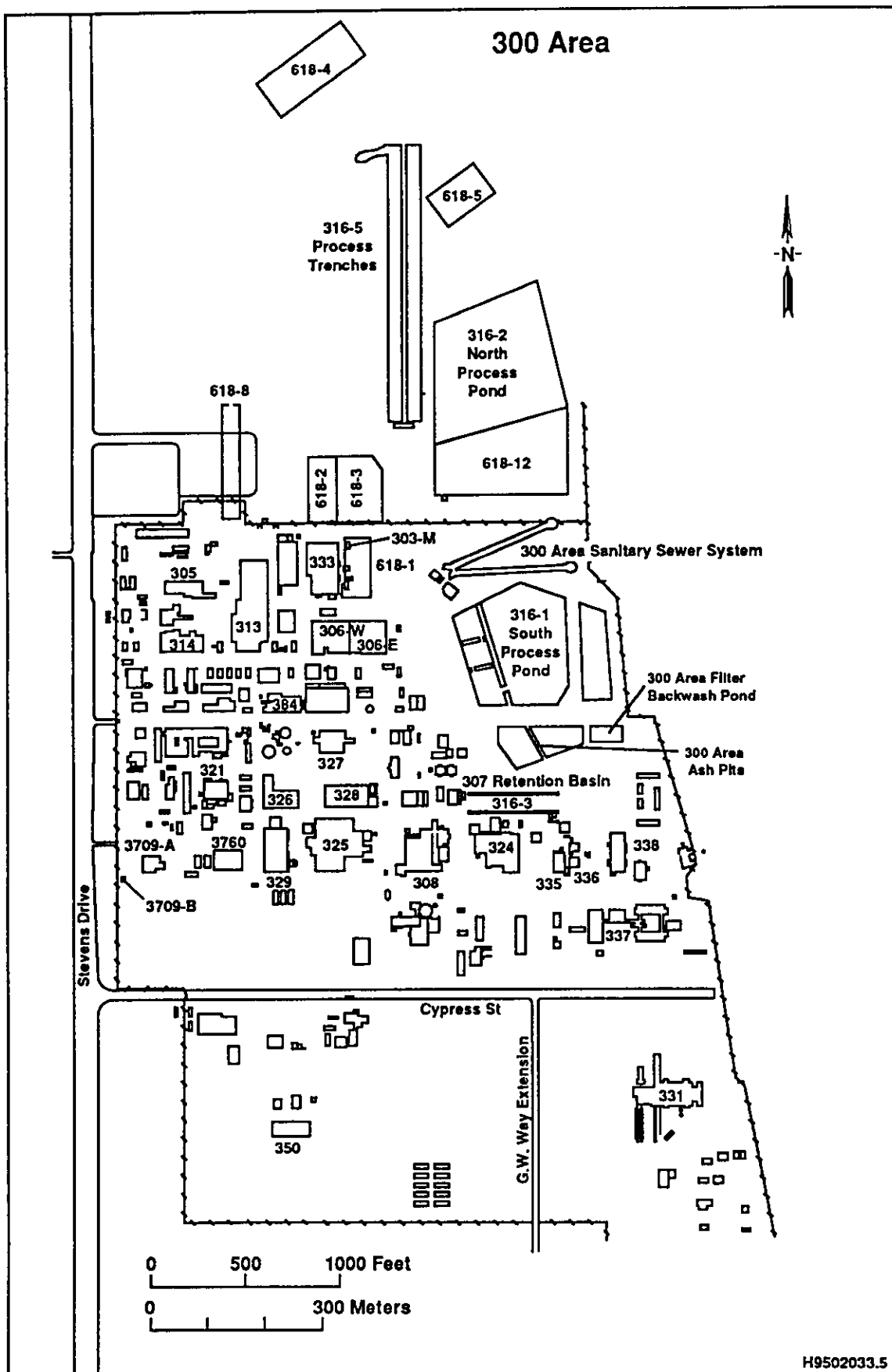
vii

9513336.2114

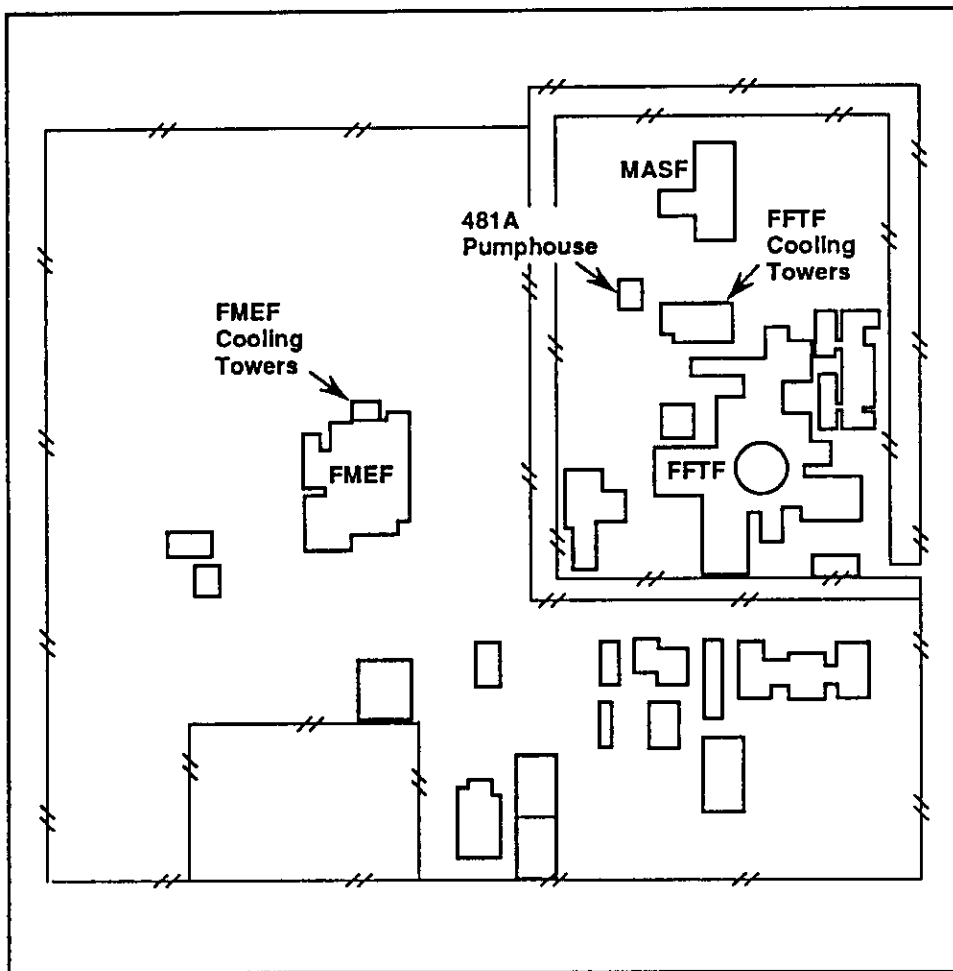
## 200 West Area



H9502033.8

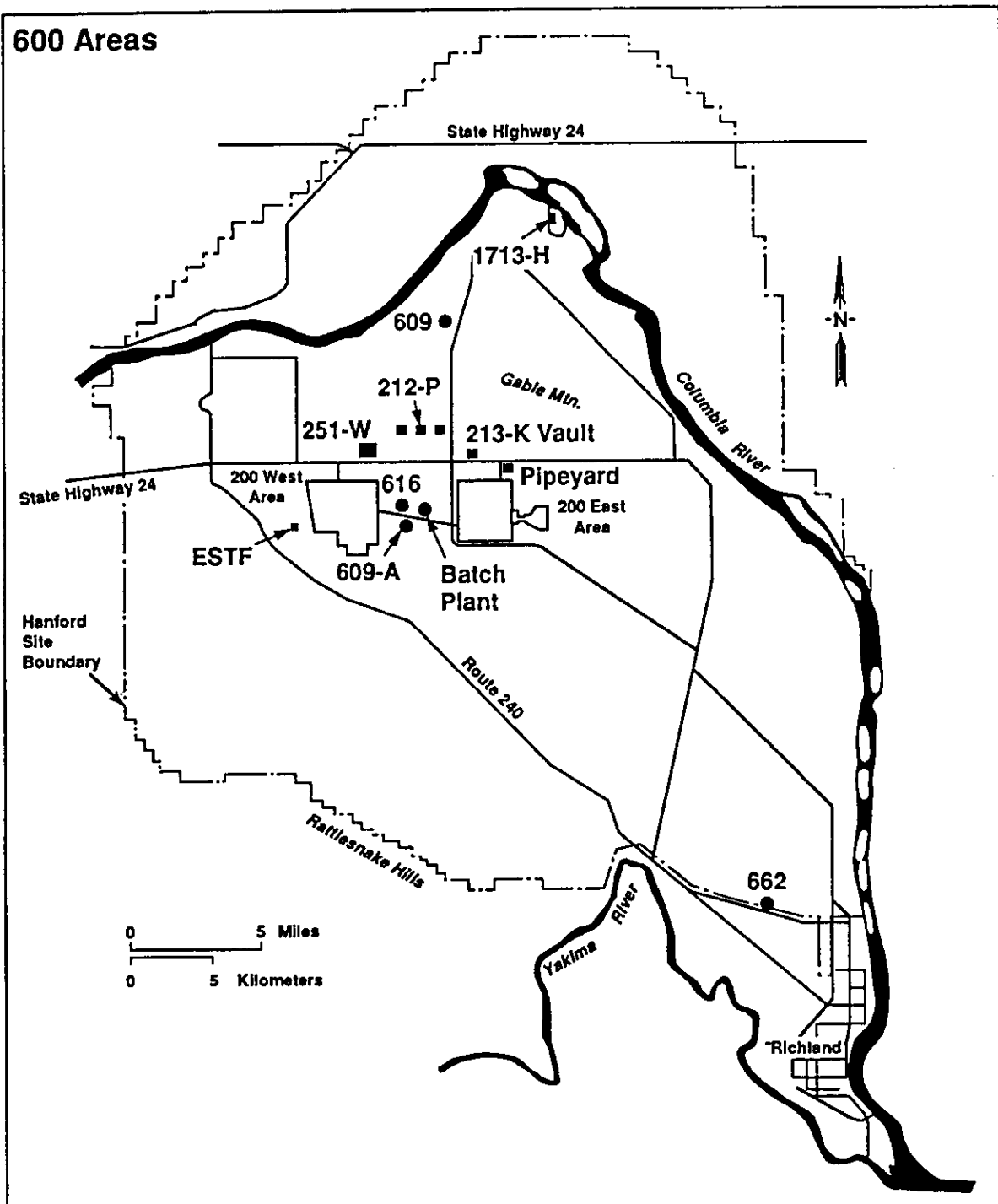


# 400 Area

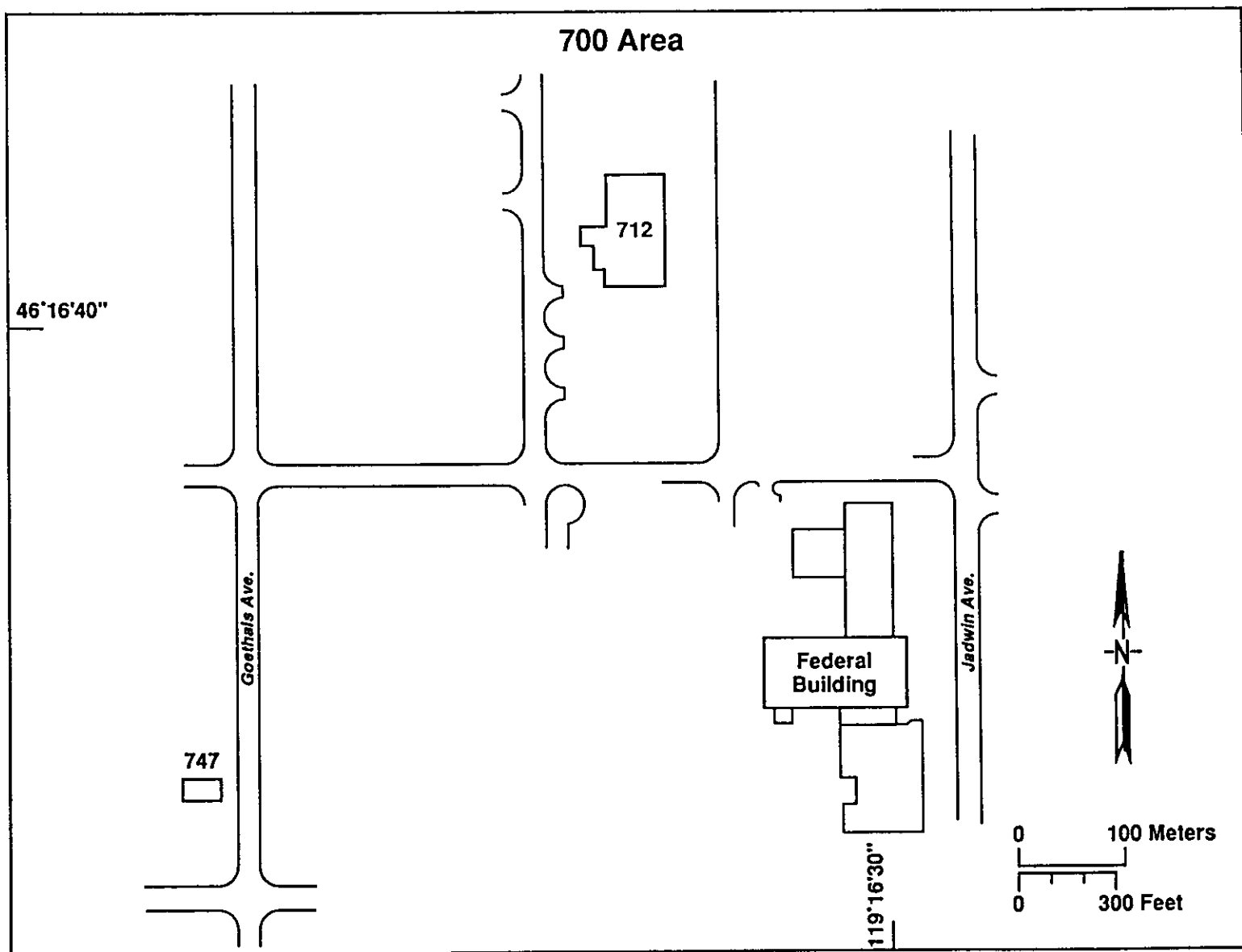


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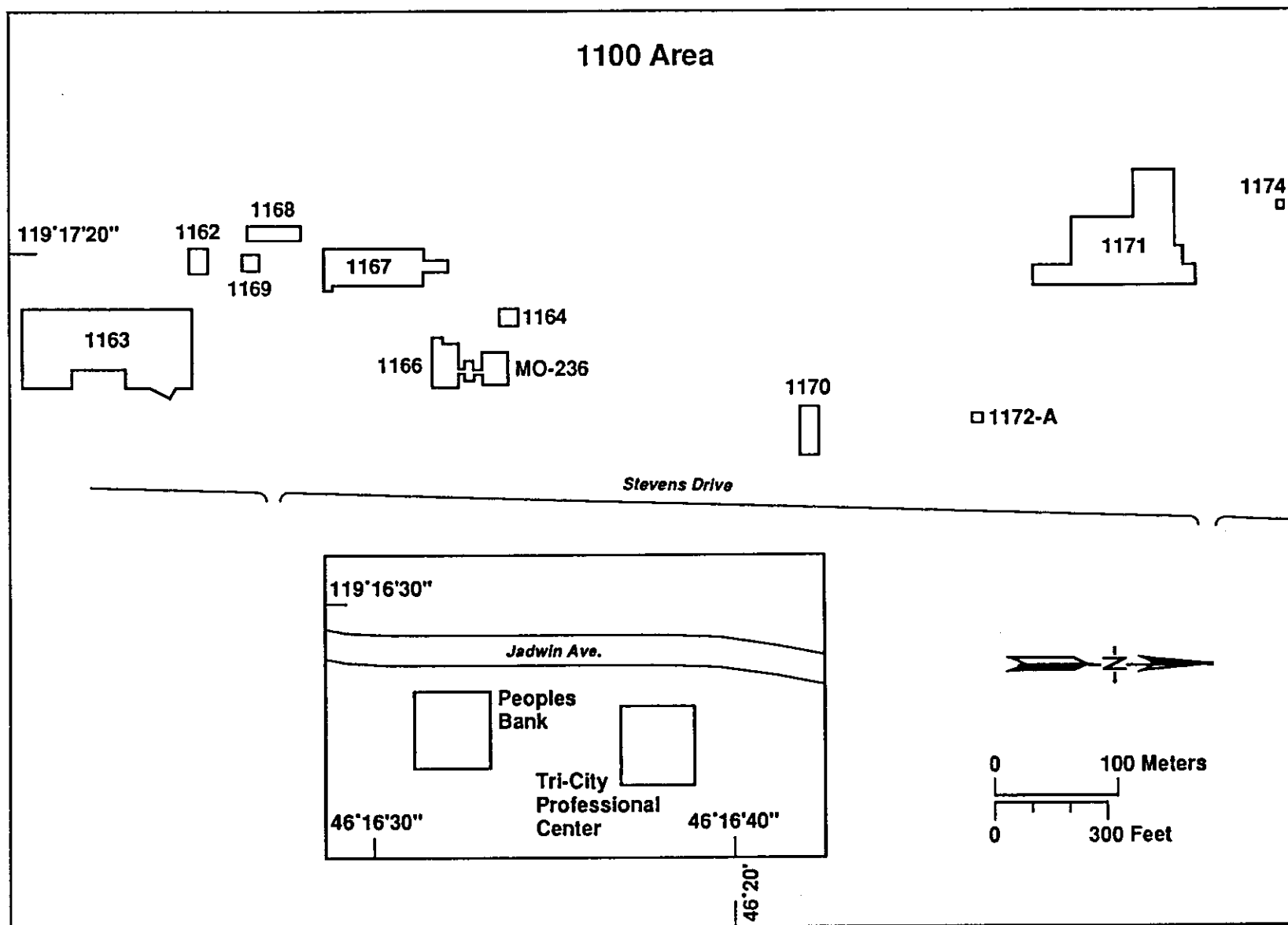




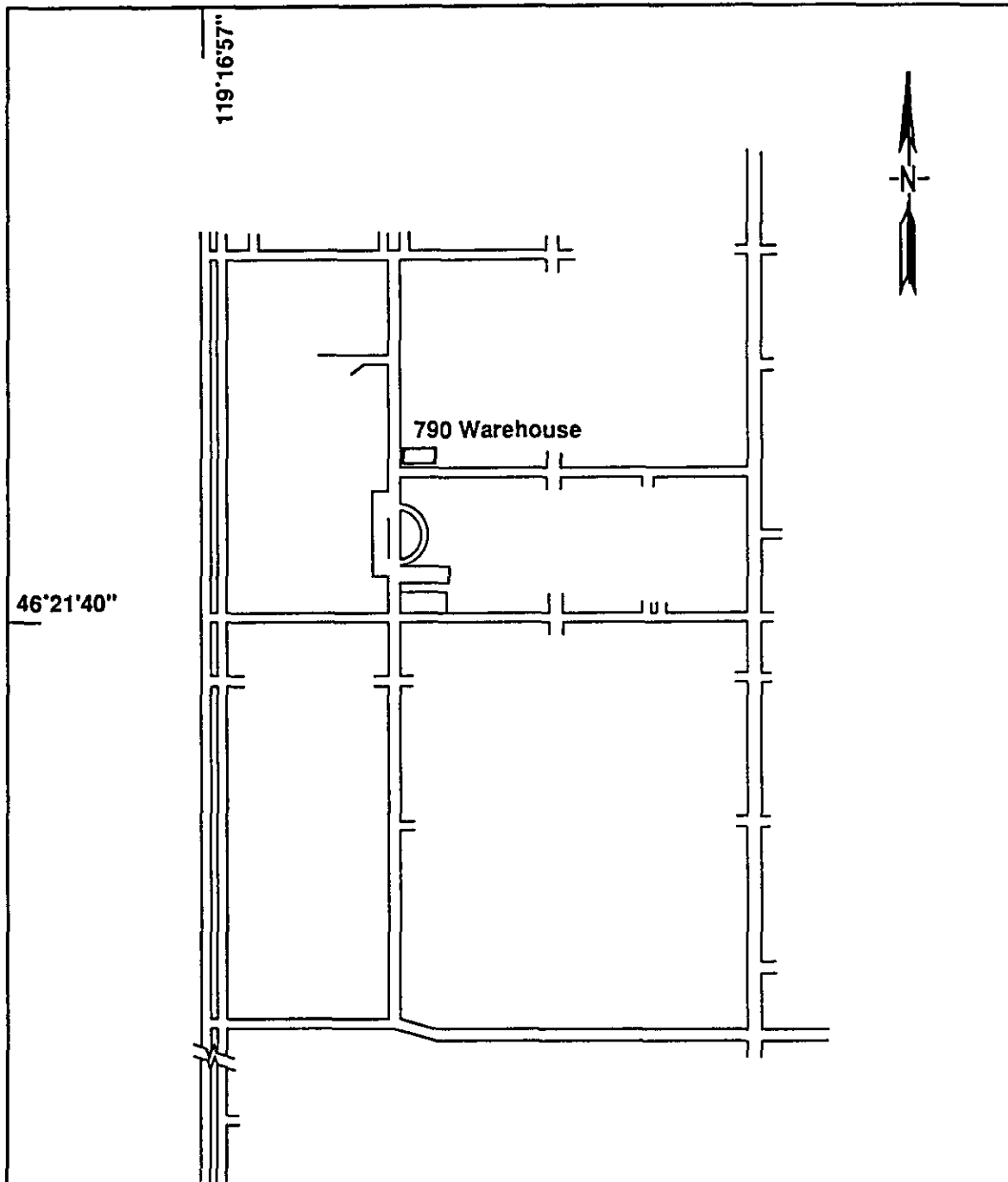
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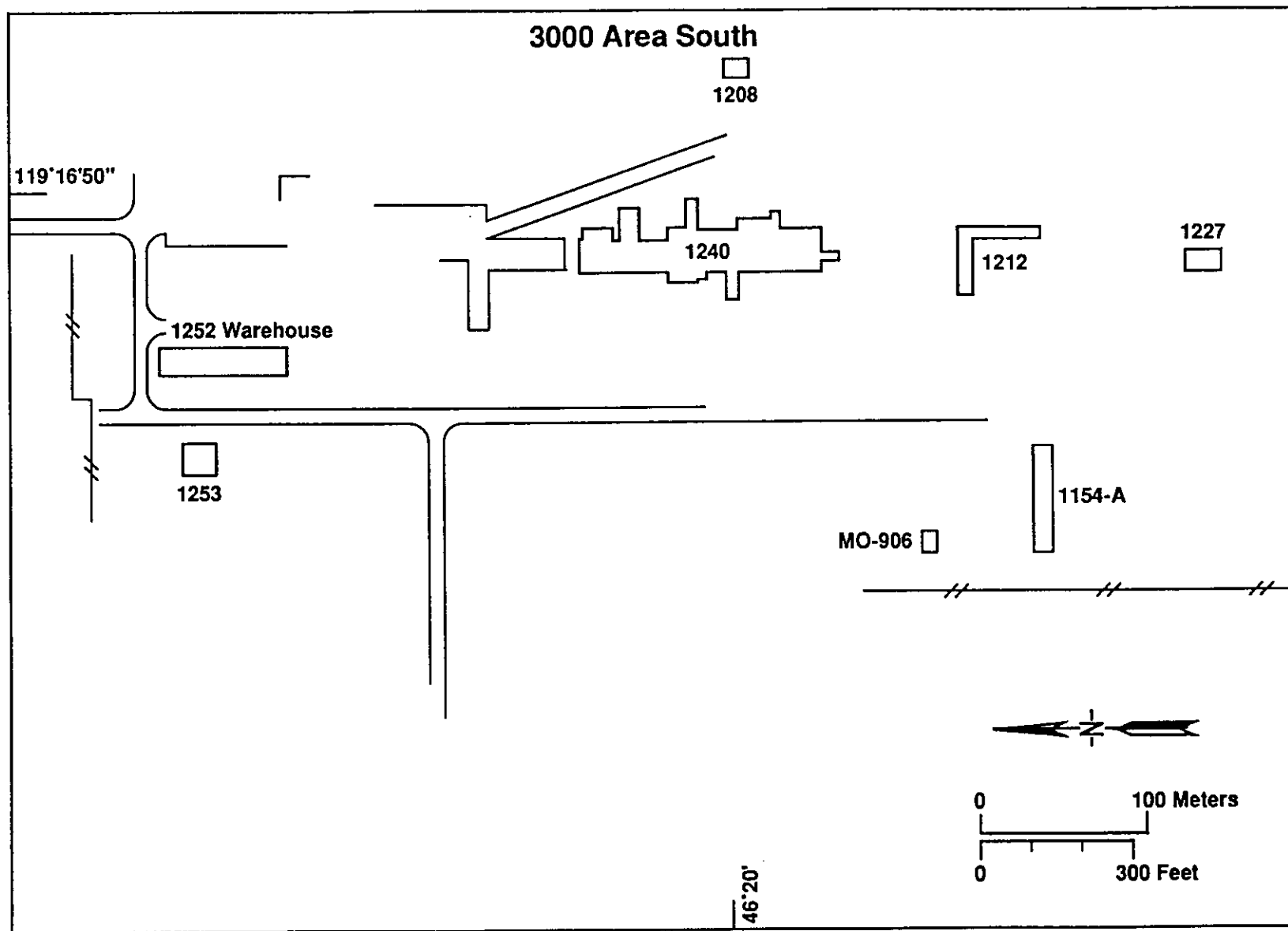


3000 Area North



H9502033.15

AX



H9502033.12

9513336.2122

DOE/RL 95-23 EPCRA 312

March 1995

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